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COMMUNICATIONS.

WHAT IS MEANT BY NERVOUS PROSTRATION?*

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The popular conception of the condition now known as "nervous prostration" is a state of debility, in which nervous derangements predominate. A man actively engaged in business or in public life, presently finds himself unequal to his daily tasks; he suffers odd sensations in his head; his digestion is disordered; he is weak; wakefulness, mental depression, and a thousand and one new sensations of strange character and fearful portent, are superadded. The unfortunate subject of these ills now recoils from his work, gives himself up to the consideration of his symptoms, and relaxes his hold on the interests and occupations of his life. All the world declares that he has "nervous prostration," and this explanation satisfies. Physicians say "neurasthenia" or "hypochondria," according to their habits of mind or to their training. Sometimes this condition is called the "American Disease." Indeed, there is a general notion, widely prevalent, that neurasthenia is a peculiarly American malady. The late Dr. Beard was the apostle of this dispensation, and he not only was noisy and persistent in his advocacy of that view, but claimed, indeed, to have first clearly defined neurasthenia, and to have classified under this designation the numerous symptoms pertaining thereto. If we cannot admit Dr. Beard's claim in its entirety, if we experience repulsion at his tremendous, but unconscious egotism, we are still compelled to acknowledge that his work in this connection is the most important that has appeared. He was peculiarly fitted to differentiate this malady by reason of the quickness and acuteness of his intellect, his power of analysis in its subtlest aspects, and his far-reaching, his omnivorous faculty for related facts.

The term *neurasthenia*, advocated by Beard, is by no means of recent origin. The corresponding French word, used in the same sense as we now employ it, has been a stock word of French neurological medicine for fifty years. Under the terms spinal irritation, hysteria, hypochondriasis, the nervous state, etc., symptoms of the same character as those now included in the word neurasthenia have been described. Besides the general state, similar derangements of functions of particular organs have been separately considered, as palpitation of the heart, headache, flatulence, impotence, etc. In the word neurasthenia—popularly, nervous prostration—the whole morbid complexus is included. The question I have to consider is whether this is a real, a substantive disorder. Are the notions now entertained about it founded on a true conception of the condition?

I need not enlarge on the importance of a correct understanding of a morbid state, which is supposed to be due to the conditions of modern, especially of American life. Without stopping now to question the soundness of the prevailing doctrine, I will place before you the clinical history of two cases, representatives of the two types of neurasthenia. These may be designated re-

*Read before the Philadelphia County Medical Society.

spectively as the *congestive* and the *anæmic* varieties. The latter are greatly more numerous, but the former are not uncommon, as Beard admits.

CASE I.—THE CONGESTIVE TYPE.

Mr. ——, æt. 44, president of one of the largest railroad corporations of the West. He is now a robust man, five feet ten inches in height, 196 pounds in weight, and has a very dark complexion, his type of constitution being the so-called bilio-nervo-sanguineous. Beginning his career at an early age in a subordinate position, he has, by the force of a superior intellect and of a physique that no labor could subdue, risen to the highest office, and now controls vast interests. Ambitious, enterprising, resolute, he has carried these faculties into all his work, and has shrunk from no task, however severe—from no responsibility, however onerous. As he has risen in position, social engagements have also added to his burdens. His mode of life has changed to some extent. His habits have become more sedentary, although diversified by frequent railroad journeys; the pleasures of the table, including wine-drinking and late suppers, have been more and more indulged in: excessive smoking has been added to these indulgences; and thus, whilst his physical powers have been slowly impaired by bad hygiene, the demands on his mental powers have increased. Extensive interests, uncertain, often precarious, business arrangements, and the incessant watchfulness required when vast combinations may be wrecked through failure at any point, demand the highest use of every faculty; and thus to work is added worry.

Three years ago Mr. —— observed that he was not feeling well, and that he could not work as before. He became dull, especially after meals, had a constant headache, dizziness and throbbing of the temples; he applied his mind with difficulty, and all of the head symptoms were increased by the efforts made; he had a good, rather a keen, appetite; a heavily-coated tongue, flatulence, constipation, and some colic pains. The bladder was rather irritable, especially at night; sexual inclination had declined with lessened power, and various ill-defined, but annoying sensations were felt about the penis, scrotum, and perineum. During the first year the symptoms increased; the attacks of vertigo were sometimes very severe, so that he had to support himself for a moment to save him from falling. On several occasions he became very much dazed, even lost consciousness momentarily, and once wandered some distance from the proper route he was taking. Anomalous sensations of creeping and crawling, coldness and tingling, and often a burning heat, were felt in the scalp; sudden detonation in the centre of the head apparently; buzzing and singing in the ears, and very constant headache, were also experienced. In the extremities, the tongue, and the genitals, there were felt peculiar tingling, numbness, coldness, creeping, and similar sensations. During the whole time of the existence of his symptoms, Mr. —— suffered from depression of spirits, a deep melancholy in fact, and he lived in constant apprehension of failure of mind.

Physicians whom he consulted in the West, located the malady in the brain, diagnosticated cerebral hyperæmia, the prelude to softening.

When Mr. —— came to see me, sixteen months ago, the symptoms just detailed continued, and were rather increased than diminished. The objective examination furnished the following details:

His face is full, the eyelids puffy, and the lower lid swollen into a bag; the conjunctivæ are injected, the sclerotic muddy, and the pupil sluggish in movement. On ophthalmoscopic examination, the fundus is seen to be injected, small vessels prominent, veins swollen. There is no optical defect except that due to his age. The membrana tympani is also rather deeply red, and vessels too small to be seen under ordinary circumstances are now in view. Hearing is unaffected. Motility, sensibility—the tactile, pain, and temperature senses—are unaffected; and the reflexes remain normal, although probably a little sluggish. The electrical reactions are normal.

His tongue is heavily coated, the breath foul. His appetite is good, but a sense of fullness at the epigastrium persists for several hours after meals; acidity and eructations of rather foul gas now and then occur. The stools have the normal appearance—consistence, color, and odor. The urine is copious, acid, specific gravity rather high (1025 to 1030), and there are traces of sugar, as is usual under such circumstances.

The action of the heart is good, the pulse regular, the tension of the vessels rather high. The respiratory movements and murmurs are normal. The area of hepatic dullness is rather enlarged, and the splenic dullness seems also to be increased.

Subjectively the following symptoms are experienced: Various strange sensations in the scalp; a persistent headache; blurred vision at times; vertiginous feelings occurring irregularly and of varying severity; despondency, vague apprehensions; fear of places, especially of crowded assem-

blages; difficulty of deciding questions, very trivial or otherwise, in place of former promptness; impaired memory, for persons, names, and things.

Notwithstanding this extended list of symptoms, Mr. —— did not have an ill look, but, on the contrary, on superficial examination, appeared to be robust. To him and to his immediate family the situation seemed in a high degree alarming. The surrender of his position and his business interests was regarded as imminent. To the apprehension awakened by his head symptoms was added the diagnosis of cerebral congestion, and hence the profound melancholy into which he was plunged.

Commentary.—My conclusion was that the disturbances in the functions of the brain and nervous system were secondary to derangement of the assimilative processes—of the primary and secondary assimilation—and that to the functional disorder thus caused are added the effects of introspection, and the realization by the centres of conscious impressions to an unusual extent, of ordinary peripheral excitations. My reasons for coming to this conclusion will appear hereafter. The remedies consisted in a careful regulation of the diet, in baths, exercise, in a reduction of the hours devoted to work, but not the cessation of work; in the use of a laxative quantity of sodium phosphate daily, and in the administration of the aqueous extract of ergot, with the chloride of gold and sodium, and a minute quantity of bichloride of mercury. If time and space would allow, the details of the hygienic management—so important in these cases—could very profitably, I think, occupy our attention. But I must pass on to the next case.

CASE II.—THE ANÆMIC TYPE.

Mr. ——, æt. 57; a lawyer by profession. His type of somatic constitution is nervo-sanguine; weight, 145; height 5 feet nine inches. He has immense mental energy, extraordinary quickness of perception, a capital logical and critical faculty, and fine oratorical powers. These native abitites, conjoined with extensive cultivation, soon placed him amongst the foremost men at the bar of the city where he practiced, and have long maintained him in that position. For many years he has been a dyspeptic, and suffered much from eructations of gas, from acidity and flatulence. At times—months, even years intervening—he has experienced very severe seizures, accompanied by extreme mental depression, alternating with an extreme mental exaltation. During the past five years he has had two attacks of gout, neither severe nor protracted. During the whole course of his professional life he has sustained no reverses, encountered no other anxieties than those of a successful lawyer, and has been rather singularly free, indeed, from the worries of life. Receiving last summer the nomination as a candidate to an important office, this cultivated gentleman, scholar, and lawyer, this man of nice tastes and high tone, entered on a canvass marked by vituperation and slander to an unusual extent. About the same time some business interests became entangled, and caused no little worry. During the campaign he visited some malarious districts, and spoke several times at night in the open air. A speaker of great readiness and power, he never suffered from any considerable fatigue after public speaking, and hence he was now surprised to find himself exceedingly tired even after a brief effort. He began to have drenching night-sweats, lost his appetite, grew weak, and was compelled to return home. It was then ascertained that he had malarial fever, and he was treated accordingly. But at this time, and subsequently, symptoms not necessarily of malarial origin appeared. He became frightfully dyspeptic, had enormous eructations of gas, and very considerable flatulence; his arms and legs had a numb feeling, attended with "pins and needles;" he walked with some difficulty, partly because of weakness; he was somnolent and slept a good deal, and his spirits were extremely depressed, especially on awaking in the morning. During these periods of depression he was so overwhelmed with despondency that he was apprehensive he would lose his self-control entirely.

When he placed himself under my charge, he had still a slight daily paroxysm of fever, the exacerbation occurring in the morning, but this disappeared in a few days under the action of some efficient doses of quinine. He was very weak, pallid, and emaciated, and slept a good deal of the time. He had no headache; his vision was rather dull, and ideas and speech slow. Every morning on awaking he was profoundly melancholic, and all the annoyances which the campaign had developed were gone over in his mind. He could talk of nothing else, think of nothing else, than his ill feelings and the disagreeable political and personal slanders of which he had been made the victim. He complained much of the numbness of his hands, of weakness in the limbs; and he talked incessantly of his depressed feelings. The bladder became irritable, and he was compelled to rise every two or three hours, during the night, the urine being acid, and depositing heavily of

uric acid. Presently the somnolence was displaced by insomnia, and he slept less and less, and rose in the morning haggard, exhausted, and horribly nervous and depressed. Ordinary hypnotics proved unequal to the effort to force sleep, and increasing doses of chloral became necessary. His mental activity, heretofore so remarkable, declined, and the effort to force his mind to the performance of any work, such as letter-writing, caused a sensation of fatigue. He also became undecided, even in small matters, ceased to have any inclination to go out and mingle with the public, and grew more and more averse to political movements. He reached a point finally when to meet strangers caused him great distress, excited the circulation, and induced a cold sweat.

As it became indispensable that he should resume the canvass, he made a strong effort, and notwithstanding the fatigue, mental and moral depression and exposure of public speaking, handshaking, and other matters of political expediency, he actually improved somewhat. The insomnia, irritable bladder, and hypochondriasis, however, continued, but to a less degree. In a few weeks, by means chiefly hygienical, I succeeded in stopping the chloral; natural sleep was resumed, although it remained somewhat fitful. Suitable dietetic regulations, baths, exercise and medicines, *pro re rata*, removed, or at least greatly modified, the principal symptoms. Two weeks at Atlantic City accomplished no little good, and when he returned to Philadelphia last week he appeared to be nearly his old self.

Commentary.—In this case we have exhibited that complexus of symptoms entitled neurasthenia or nervous prostration in its anæmic form, produced by several factors—moral and somatic. The moral were very influential, but unless the conditions producing bodily depression had occurred, the former causes could hardly have effected such results. Long-standing dyspepsia had prepared the way; malarial intoxication and fatigue contributed an important series of changes, and upon this weakened bodily state were precipitated crushing moral influences.

These cases, whose histories I have just read, are typical—each is the representative of a group. The causes are complex; the effects are not limited to one organ, or set of organs, but involve the system in general. To name this malady from the disturbance in one system seems to me an error, unless the definition is sufficiently elastic to include all the functions affected. Neurasthenia names one, only, of the parts involved. To entitle this the "American Disease," is a strange misnomer. It might with more propriety be called the "French Disease," for a condition known as "the nervous state," as "nervism," as "neurasthenia" and similar terms, has been recognized and frequently described by French writers from an early period in this century. In France have existed the causes in the most influential form. The frequent political convulsions, the exacting social life of the great cities, and the harrassing struggle for existence inseparable from the state of the great mass of the population, induce—if any mere external conditions can—that which is called nervous exhaustion. There are two factors supposed to be especially influential in this country—work, and our exciting political and social life. I believe that the effect of these is greatly overrated.

The brain, of all the organs of the body, illustrates, in the most perfect manner, that which has been happily styled "the principle of least action." That is, to execute given tasks, it expends the least possible force; or, to express the same idea in another form, its work is done with ease, with the minimum of effort. Given a certain amount of repose—sleep—and supplied with proper nutriment—healthy blood—the brain will do its allotted work continuously during its working—the waking—hours. So far from being injured by severe labor carried on under normal conditions, the brain is improved by it. Mental activity, like muscular exercise, keeps the brain in a healthy state. When, therefore, a man says he is suffering from the effects of mental overwork, I want to know what his vices are. Worry may be one of these. Worry is exhausting. The worries of life do infinitely more harm than the work of life, how onerous soever it may be. The cases I have just read illustrate this.

I deny that life is more exciting on this side of the Atlantic. The one prize of life is money, and to get possession of it is the supreme purpose, to the attainment of which every energy is put forth. Is it less so elsewhere? Who are the peoples that despise money, and make no effort to obtain it? Here life is less exciting, because our political condition is stable, and but comparatively little exertion is required to secure a comfortable subsistence. I am speaking now of the mass of the population, and not of the few consumed by the ambition for political and social distinction, or led by a pitiless greed. It is the very ease and luxury of our American life that cause mischief. It is the indulgence in eating and drinking, the abuse of alcohol and tobacco, sexual excesses, sedentary habits, and too lux-

urious lives generally, that induce the state of the system called nervous exhaustion. If I had time, each of these should be considered, in relation to this subject. In the first case I narrated, the pleasures of the table and disordered assimilative functions caused the trouble. In the second case, dyspepsia, malarial toxæmia, and unusual fatigue, were the pathogenic factors. In both, the effects of these causes were increased by moral influences—in one, the anxieties involved in vast business enterprises; in the other, the excitement of a hot political contest. These moral causes would have had no injurious effect, had not the somatic conditions been unfavorable.

I come now to the most difficult part of my subject. I have to answer this important question: Why are the somatic derangements caused by the conditions referred to, in some cases accompanied by the mental and nervous symptoms which belong to neurasthenia? Why do some objects with indigestion and assimilative disorders, or with the results of dyspepsia and malaria, suffer from derangements of the mental and nervous functions, and not others? I might here take refuge behind an accepted generalization, and say that the presence or absence of the neurotic type of constitution explained the difference in the result. There is aptness in this explanation, but it is not entirely adequate. There is a mental condition of great importance, and unless we comprehend this, we fail to realize all the possibilities of the nervous side of these cases. I, however, barely hint at the main points, under these circumstances. Besides, I wish to avoid a too metaphysical discussion of the subject.

In the conduct of life every man who has a position to make or to maintain, exerts a certain moral force to hold himself up to his work. Some men are so happily constituted that they are quite unconscious of the effort and stand in front, serenely confident. Others are all the time laboring; they feel it and know it, and like the soldiers of Thomas's corps at the battle of Chickamauga, sorely pressed, now and then looked back, to see whether their grim and resolute commander was still behind them with his invincible courage, men conscious of the effort making to keep up, need but little excuse to surrender themselves to their sensations. At the present time nervous prostration is much feared; its symptomatology is a common subject of discussion; and hence, familiar with its character, a man who is arrested in his career by some of the ailments supposed to belong to it, his imagination readily supplies the rest. When a man begins the study of his bodily sensations, having a certain model in his mind, he has little difficulty in filling out the details. All the world knows that when the attention is strongly fixed on an organ of the body, functional disturbances of it ensue, and finally structural changes may be induced. No part of the body is without sensation, even in health. To perceive these sensations the attention needs to be withdrawn from external things, and concentrated on the part. Thus it is when the subject of neurasthenia pursues his introspection; he becomes conscious of numerous sensations, which, because now felt for the first time, are new. Under these circumstances, also, the seat of conscious impressions becomes more acutely perceptive. Suggestion adds its quota of symptoms.

To the indefinite and multiplying nervous symptoms developing thus subjectively, must be added the reflex. Headache, vertigo, *tinnitus aurium*, amaurosis, diplopia, hallucinations and illusions, defects of speech, paralysis, are reflex symptoms on the part of the brain; palpitation, intermittent pulse, angina pectoris, laryngismus stridulus, asthma, are amongst the reflexes of the respiratory organs and heart; neuralgia, anæsthesia, and other disorders of the sensory nerves, and local paralyses, affections of the motor nerves, included amongst the nerve reflexes, may all be dependent on reflex excitations proceeding from the stomach. Indeed, there is no symptom in Beard's catalogue of those belonging to neurasthenia that may not be due to merely reflex influences having their initial seat in the digestive apparatus. It follows that the term neurasthenia, or its common equivalent, nervous prostration, is either inadequate, or it expresses too much: inadequate if the complex of symptoms includes the functional disturbances of all the organs affected—expresses too much if the malady is a merely nervous one.

In reply to the question: "What is meant by nervous prostration?" I respond, "a disease usually functional, situated in one or more organs, during the course of which reflex disturbances of the brain occur, and numerous subjective sensations in all parts of the body are realized by the consciousness."

I deny that neurasthenia is a primary nervous affection, or that it is a substantive disease. I hold that it is symptomatic and secondary.

This conception fixed in the mind, the treatment of neurasthenia is successful or unsuccessful according to the measure of our skill in localizing the initial disturbance, and in addressing our remedies to that, as well as to the general state.

SOME POINTS CONCERNING SANGUIS BOVINUS EXSICCATUS (DESICCATED BLOOD).

BY F. E. STEWART, M. D., PH. G.,
Of Philadelphia.

I see that the fifteenth edition of the United States Dispensatory, recently published, gives me credit for the introduction of sanguis bovinus exsiccatus (desiccated blood), as a Method of administering iron. As that is only one of its uses, and by no means the principal one, I beg leave to call attention to the following brief summary of what I consider to be the true position of this valuable agent in therapeutics.

Sanguis bovinus exsiccatus is a concentrated nutritive tonic prepared directly from the blood of bullocks, by simply drying it at a low temperature, to prevent the albumen from coagulating by the heat, and in shallow pans. The product, when so prepared, is in the form of thin scales somewhat resembling the scaly salts of the pharmacopœia. The blood may be prevented from clotting by stirring it before drying, and removing the small portion of fibrin that attaches itself to the stirring rod, or by adding a small portion of acid to the blood before submitting it to the desiccating process.

The article thus prepared contains all the elements of the blood, and in a form for easy assimilation; but, more than this, it contains potentially all that vast amount of energy required to raise blood from the plane of elements and of chemical compounds to that of animal life. It is, therefore, not only an agent for building and repairing tissues, but is, at the same time, a fuel, and its combustion in the system is capable of generating a large amount of vital energy for carrying on the vital processes.

Furthermore, this article contains iron in that peculiar combination found in the blood, and this form, so far as known, can only be manufactured by vital chemistry. The important relation that iron bears to the health of the red blood corpuscle, and the special relations borne by the red corpuscle to respiration and to the nervous system, are well known, and, together with the facts already stated, will probably account for the great benefit following the administration of desiccated blood, even in quantities too small for the credit to be entirely due to the albumen which it contains.

Indications for Use.—Desiccated blood has been used with benefit in wasting diseases; in various cachexia, such as scrofula, consumption, and syphilis; in anæmia and chlorosis; in atonic dyspepsia; after hemorrhages and exhaustive discharges; in the height of the fever process to supply the combustion of tissues incident thereto, and to forestall a prostrated condition endangering life from exhaustion; in convalescence from fevers; and as a "building up" measure in surgical cases before operations, and after operations to hasten the reparative process. It is indicated in all cases where it is desirable to give iron, but more especially whenever the problem is to give food.

If quickly dried, this product is odorless, and almost entirely devoid of unpleasant taste. It may be administered either by the mouth, or by the rectum; preferably, however, by the former method. When administered by the mouth, it may be prescribed in combination with glycerine, with glycerine and brandy, or simply in solution with water. In either case the blood should be first dissolved in water. A very good formula, suggested to me by Dr. Andrew H. Smith, of New York, is the following:

℞. Sang. bov. exsiccat., ℥ vj.
Aquæ, fl. ℥ iv.
Misce ft. sol.
Adde spts. vin. gal. et glycerinæ ana ana., ℥ j.
S.—Tablespoonful three or four times daily.

In fever cases, when the temperature is high, I am in the habit of giving a teaspoonful, or more, as the stomach will bear it, every hour, carefully watching the dejections to see that it is all assimilated; and its use in this manner has been followed, in a number of cases, by the most gratifying results. In some cases, however, it is not assimilated, and stains the dejections black. In such instances, the addition of pepsin will usually remove the difficulty. As a disguise to the taste, I have been in the habit of employing some of the essential oils, a few drops of which will answer the requirements.

With regard to the use of blood per rectum, I have found that in some cases it is readily absorbed, and in other cases absorption does not take place. The reason for this I have never been able to ascertain. Pepsin should always be added to the solution when difficulty of this kind is experienced.

A point or two with regard to making a solution of desiccated blood. When preparing an aqueous solution, *never pour the water on the scales; always pour the scales in the water.* This point cannot be too strongly insisted upon. Then stir with a glass rod or spatula until dissolved, taking care to prevent the agglomeration of the scales into a mass. Again, always use *cold* water in forming the solution. Blood contains a large proportion of albumen. In fact, the dry blood is almost all albu-

men, and albumen coagulates at a temperature of 160° F. There is about as much sense in attempting to dissolve dry blood in hot water as to attempt the solution of an egg in the same medium. In either case the albumen coagulates and becomes hard. If a little more attention were paid to this well-known fact, we would hear less of those displays of stupid ignorance on the part of certain individuals, who have attempted to dissolve desiccated blood in boiling water.

For rectal use, the solution should be gently warmed before injecting, taking care not to raise it to a sufficient temperature to coagulate the albumen.

SOME OF THE USES OF ELASTIC PRESSURE.

BY J. S. MANNING, M. D.,
Of Manchester, Ky.

The great value of the elastic bandage became widely known to the profession through the labors of Esmarch. By the employment of graduated pressure, he was enabled to drive the blood from an extremity to the rest of the body, thereby enabling the operator to see his work and accomplish his undertaking thoroughly. There was now no longer need of undue haste, because the vital fluid was not ebbing away, as had been the case after the ordinary methods, and the surgeon might see as well as feel in his deeper dissections.

With the assistance of the elastic bandage, operations were successfully accomplished that without it had been considered impossible.

It is with a view of extending the knowledge of the usefulness of elastic pressure as a therapeutic agent that this article is penned. If a brother physician should find anything practical herein, whereby he might relieve suffering humanity of some of the many ills that weigh it down, the object of its mission will have been fully accomplished.

The uses of elastic pressure in varicose veins, and in aneurisms and chronic ulcers, are familiar to the reading part of the profession. Of course, no one undertakes to treat these disorders without resorting to pressure as the essential element of success. A far more extended use of graduated pressure should be adopted by the profession. In all incipient inflammations, judicious pressure, wherever available, would be of much benefit. To particularize: An incipient whitlow upon one of the digits may be aborted by using a narrow bandage of elastic tape or pure rubber. Apply the bandage with moderate and equable pressure from the distal extremity till it reaches the proximal side of the seat of the whitlow. The pressure should not be sufficient to drive all the blood out of the extremity, but enough to relieve congestion and reduce the swelling. Now, if stasis and necrosis of tissue have not already taken place, the inflammatory products will be absorbed, and all will be well again. The principle of its action is simply that pressure produces absorption, first of inorganized products or adventitious growths; and second, of healthy tissues themselves, producing atrophy.

Again, the principle above enunciated may be employed in the treatment during the early stage of inflammations of the joints, as wrist, elbow, ankle, or knee joints, whether these be due to traumatic causes or constitutional tendencies. Elastic pressure gives support to the walls of the vessels, exudation of lymph corpuscles ceases, so much as has already exuded is taken up, and circulation is carried on through natural channels. Of course, if stasis has occurred, a slough formed, or a pus cavity produced, pressure will become an agent of evil instead of an agent of good, unless the pus be evacuated.

Elastic pressure has an application in an important class of cases not yet generally adopted by the profession, namely, in inflammations of the mammary gland. The text-books teach in threatened abscess of the mammary gland that strapping with narrow strips of adhesive plaster is the proper thing to do. If this strapping has ever been accomplished to the satisfaction of the operator, it has been outside the experience and observation of the present writer. Orthodox treatment has been painful, protracted, and inefficient, and this whole business is a standing reproach to the profession. The treatment of these cases of threatened mammary abscess by means of elastic pressure may be conducted quickly, safely, pleasantly. Take a piece of rubber dam, known among dentists as coffer-dam, about eight inches square, perforate the centre with a hole large enough to admit the nipple of the affected breast. Tie four tapes, one to each of the four corners of the rubber dam. Pass the nipple through the perforation, and carry the tapes around the body and over the shoulders in such manner as will press the gland equably and firmly against the ribs. This pressure, in the first place, supports the breast as in a sling, and removes the pain due to sense of weight and dragging. In the second place, superfluous blood is driven back into the circulation, thereby relieving the congestion. In the third place, the lacteal secretion is forced along its natural channels, to be discharged at the

natural outlet, either spontaneously or by a little coaxing with the breast-pump. This appliance in no way interferes with the use of belladonna ointment or other embrocations, and, of course, constitutional treatment would meet the indications as they arise. This same appliance to a secreting, but not inflamed gland, would cause the lacteal secretion to disappear in a few days. If the inflammation has gone on to suppuration, after evacuating the pus, the application of elastic pressure would greatly relieve suffering and hasten convalescence.

In considering the extreme frequency of inflammations of the mammary gland, the protracted suffering to which every victim of mammary abscess is subjected, the inefficiency of all treatment heretofore recommended, any plan that would control the suffering, and restore this important gland to its functions, must be hailed with delight by every lover of his race. Certain it is, if proper care and watchfulness be exercised with the means mentioned above, no case of incipient inflammation of the mammary gland need go on to suppuration; and if suppuration have already taken place, weeks of suffering may be saved by the judicious use of elastic pressure.

It is not supposed that a tithe of the uses of elastic pressure have even been hinted at, but a few thoughts on this subject reaching so many readers through the columns of a widely-read journal may develop facts from other sources, and may redound to the good of the profession.

A BROKEN SQUIER'S VERTEBRATED CATHETER REMOVED FROM THE BLADDER WITH A BIGELOW'S EVACUATOR.

BY WILLIAM A. BYRD, M. D.,
of Quincy, Illinois.

Before the introduction of Nelaton's soft rubber catheter to the notice of the profession, catheterization of a patient with hypertrophy of the prostate gland was an operation requiring considerable skill and tact in the operation, many times the operation failing for the lack of instruments with special curves. To obviate this difficulty Dr. Squier invented a catheter made up of short silver tubes, fitting over each other and moving one upon the other, somewhat like the vertebræ of the spinal column. These were connected to a long tube for the distal extremity. Through all passed a rod with a chain upon the proximal end. The catheter was made more or less flexible by tightening or loosening a nut at the extremity of this rod. This catheter was an admirable arrangement for patients that required their urine drawn twice a day for any considerable time, as it permitted them to use it without the skilled aid of a surgeon, something that few were able to pay for for a great while. It could not but strike most surgeons that there was great danger from the use of such an instrument if it was not kept in perfect order, otherwise rust would destroy the chain, or the rod it was attached to, permitting the vertebræ to drop into the bladder.

November 20th, I was telegraphed for by Dr. Daniel Ellis, of Augusta, Illinois, to come up to remove a catheter in a man's bladder. When I arrived, I found that the patient lived several miles in the country. We started; that is, Drs. Daniel Ellis, R. J. Grigson, James Ellis, a medical student, and myself. We arrived at the patient's house about midnight, and found a very intelligent gentleman of 71 years, anxiously awaiting us. We put him under an anæsthetic, that is, a mixture of, by measure, chloroform three parts, bromide of ethyl one part, and alcohol four parts, of which about one and a half drachms was given through a Hutchinson's inhaler. Though prepared to perform perineal section, I thought I would see if the catheter could be removed with a Bigelow's evacuator, having one of Dr. Bigelow's latest instruments with me. I inserted a curved catheter of No. 19, American gauge, and attached the aspirator; at the third aspiration, in less than one minute, the silver vertebræ, chain, and part of the connecting rod, were deposited in the catch-basin. We left the old gentleman feeling quite comfortable an hour later, and came into Augusta in time for the early train home. The old gentleman had had an attack of retention of urine with over-distention of the bladder some two years before. Dr. Ellis was sent for, and removed three quarts of urine with the catheter. From that time the urine had to be drawn night and morning. He used Nelaton's catheters for relief, but they became useless in a short time, on account of not having the oil washed off after each time of their use, and he found that a Squier's catheter, that he obtained of Dr. Grigson, passed much more easily than a rubber instrument. Dr. Grigson found one of the links of the chain in his instrument so eroded when it was returned to him, that it broke while handling it. Another instrument of the same kind was obtained, and this it was that broke when he started to withdraw it after using it. The rod had become eroded about half-way down, and broke into two pieces.

The catheter might have remained sound and

useful much longer had it been carefully washed and oiled after each introduction, but the friction of the links of the chain causes a rapid wear, and renders the instrument extremely liable to break, and of course is very dangerous to the patient. Nothing could have excelled the evacuator for the removal of the pieces of metal, and the patient was saved from undergoing a dangerous operation, with a lingering recovery.

416 *Jersey street.*

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

BY LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery to the College.

Reported by EDWARD DEVELIN, M. D.

Spondylitis.

GENTLEMEN: This little child that I now present to you is suffering from spondylitis in the earliest stage.

The parents and other members of the family are perfectly healthy; and this child, beyond the difficulty of the spine, presents a remarkably robust appearance. I am informed that she commenced to complain of pain in her back and side, and of considerable difficulty in breathing, some six months ago, becoming restless, nervous, and irritable. Previous to this she had injured herself in falling from a chair. You will notice that there is a projection of the spine at the eleventh dorsal vertebra, and that as she stoops down to pick anything up from the floor, she avoids bending the spine, but flexes the legs upon the thighs, and the thighs upon the abdomen, thus squatting down and maintaining the spine in the erect position.

Now, as I lay the child upon her abdomen across my knees, the thighs and arms hanging down on either side, as you see, I slowly separate my knees, and in this manner make gradual traction, by this means extending the spinal column, and relieving the diseased surfaces of the vertebræ from pressure, and thus free the child from pain, as you observe the instantaneous change in her manner of breathing; from the short, quick, jerky respiration, to a deep, full, long inspiration, and the child seems perfectly comfortable. Now by drawing my legs closer together, you notice the immediate return of the previous spasmodic breathing; and now placing one of my hands upon her head, and the other upon her buttocks, and pressing the vertebral column together, she immediately begins to cry with the pain produced, and there is at the same time an instantaneous spasm produced in her legs. Now by gently separating my knees again, and extending the spine, her sobbing ceases, and she states that she is quite comfortable again. You now observe that I am making firm pressure over the spinous processes at the seat of the disease, and, according to all authorities, this should increase the pain; whereas, as you can plainly see, it does not do so. But, on the contrary, when slight extension is made upon the column, and direct pressure with your finger over the projecting spinous processes, there is rather a tendency to relieve the pain, by opening the angle of pressure in front of the vertebræ.

I have found that in these cases of antero-posterior curvature of the spine, by placing the child in this position, and gently pressing downward, at the same time making your traction as I have just described, you relieve the patient. The explanation, to my mind, is simple enough, viz: by these two manipulations (the disease being situated in the anterior portion of the vertebræ), you relieve the inflamed surfaces from pressure, and, as it were, separate the anterior edges of the vertebræ from each other. This latter, of course, is an impossibility, but at the same time sufficient force is brought to bear by your combined manipulations *to relieve the diseased surfaces from pressure*, and hence the cessation of pain.

This examination we have now made will reveal the disease if it be in the anterior part of the bodies of the vertebræ; but there may be some cases in which the examination we have just made will reveal no evidences of disease at all, and at the same time there may be spondylitis existing. But by a more careful examination you will find the disease upon the side of the bodies of the vertebræ, and it has been caused by some blow or pressure upon the ribs, driving the heads of the ribs into their facets. You detect the disease in this position by pressing upon each rib separately, and the moment you come to the point of disease the patient will flinch with the pain induced by your pressure.

Having now made our diagnosis, I call your attention to the treatment of the case. I shall here apply the plaster-of-Paris jacket and *jury mast:* and will now show you the method of its application.

The child has already been thoroughly cleansed, and we put upon her a skin-fitting knitted woollen shirt tied over the shoulders, manufactured expressly for this purpose by the Bickford Knitting Co., 841 Broadway, this city. We now fold two towels and pass under the shirt in front, allowing them to extend the full length of the trunk. This is to prevent pressure upon the viscera, and allow of free respiration and expansion of the abdominal walls after eating; these towels being withdrawn as soon as the plaster has become sufficiently set. Having now adjusted the towels, the shirt is drawn down tightly and secured between the legs with a safety pin, and your patient is then ready for the partial suspension necessary during the application of the plaster-of-Paris jacket.

The child we now place in the suspending apparatus (see Fig. 1), which you will notice consists of an iron cross-bar with a chin collar of soft leather, and arm supports also. Having carefully adjusted this so that the weight of the body is borne evenly upon the arm-pieces under the axillæ and the chin collar which supports the head, we make gradual traction upon the vertebral column until our patient states that she is perfectly easy and free from all pain. In this case you will no-

tice that the traction necessary to secure this result, is sufficient to slightly raise the heels from the floor; in some cases this is not necessary, and again in others the traction required may be still

FIG. 1.

greater; but never under any circumstances should your traction be so great as to lift your patient *completely from the ground.* This I desire you to specially understand, otherwise the word *suspension,* used in our description of the treatment, may lead you to suppose that the patient is to be literally suspended, when in reality it is but *partial suspension.*

This child then is fully prepared for the application of the jacket, and I will at once show you the manner in which it should be properly applied. You will here notice that I have from eight to twelve rolls of bandages formed of crinoline, into the meshes of which the dry plaster of Paris has been well rubbed and then rolled up moderately loose; not by any means as tightly as the ordinary roller bandage used in surgical dressings, but sufficiently tight to retain the plaster in the fabric, and at the same time allow of it becoming saturated to its centre rapidly when placed on the water. These bandages vary from two and a half to four inches in width, and also being from three to four yards long, depending upon the size of the patient.

I now place a roll of the bandage in a pail of tepid water, which is sufficiently deep to cover the bandage when standing upon its end, and then wait until it has become thoroughly saturated, which is shown by the cessation of the escape of air from the water. I again place another roll in the water, that it may become saturated while I am applying the one previously immersed. This one, as you observe, I now remove, and pressing out all surplus water, I carefully wind it around the waist of the child, my two assistants rubbing each layer of the bandage well into the preceding one. I would here call your attention to the manner in which I commence the application of the jacket, viz., at the waist, gradually going down until I come to just above the great trochanter. Then carefully reversing the bandages, as you see, I pass upwards again, and having secured sufficient thickness at the waist, I then pass on up the trunk, until I am on a line with the axillæ, and a little higher in front over the chest, and also higher over the scapulæ at the back. In some cases you will find it necessary to put padding between the shirt and your plaster bandages, over the sacrum and crests of the ilii, and also *on either side* of the projection of the vertebræ where the disease is located, in order to prevent excoriation of these parts. But never put any padding *upon the projection of the vertebræ,* but place it upon either side, to prevent pressure upon that point. If you fail to do this and allow of pressure to be made there, it may result in a painful ulcer, which will delay your treatment many months; for if such an ulcer should be started the jacket must be at once removed and the patient placed in bed, until such time as it shall have healed, when the jacket may be again applied. I do not wish you to under-estimate the importance of this careful padding. It is not the plaster-of-Paris that is going to effect a cure of this disease, but your skill in its application, and formation of a jacket by its use which will support and relieve the diseased surfaces from pressure, until such time as all morbid changes have been checked, and a healthy action set up in the hitherto diseased parts.

Now, in this case, although the disease is low down, I shall apply the *jury mast.* (Fig. 2.) In some

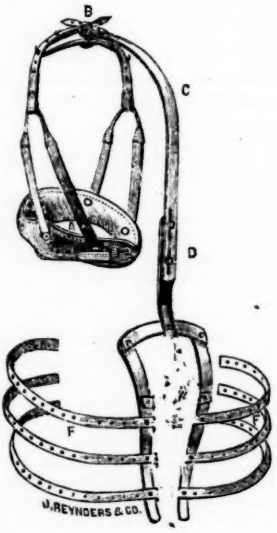

FIG. 2.

cases where the disease is so low down, I have

omitted the jury mast, as its appearance is oftentimes objectionable. My friend, however, Prof. Samuel W. Gross, suggested that it be used in those cases in which the disease was low down as well as high up in the spinal column, and stated that he had secured much better results in its general application. I most heartily endorse his suggestion, and now apply it in almost every case of spondylitis.

You have observed that I have now shaped the lower portion of the *jury mast* to the back of the child, the lower part of the instrument consisting of these two iron strips which pass upon either side of the spine to the exact contour of the child, and it is now placed in the centre of the body, the bars running up on either side of the spine, the strips of perforated tin which you here see passing from the iron bands two-thirds around the body of the child. My assistant now retaining this firmly in position, the central rod running over the back of the head to the vertex, we again continue the application of the plaster bandages until the lower portion of the instrument is securely embodied in the jacket, my assistants, as you observe, rubbing each layer of the bandage into the preceding one.

You have now seen how simple the method and easy the application of the plaster-of-Paris jacket is. This child should now be laid upon an air bed, but as this is not at hand, we must substitute the ordinary hospital bed, and allow her to remain there until the plaster has become thoroughly set; it is then to be trimmed out under the arms and in front of the thighs, to allow of perfect flexion of the limbs; after which time the leathern collar which I here show you, is placed under the chin and occiput, then by the means of these two straps on either side, which pass up, one over the inferior maxilla, and the other from the occiput to this small cross-bar attached to the central rod of the jury mast (see Fig. 2), our support is secured for the head and by means of which the entire weight of the head is removed from the spinal column if the straps of the head-rest be properly adjusted. You must, however, at all times be certain to get your central point of traction or suspension by means of this cross-bar at the end of the jury mast, immediately above the vertex of the head; leaving room at all times for a cap or hat to be worn upon the head under the instrument. At no time must the jury mast press upon the head; the distance desirable between the cross-bar and the top of the head is from three to four inches.

In removing the child from the suspension after the jacket has been applied, you must be extremely cautious that you do not allow her to bend her back before the plaster has set, otherwise your labor will have been lost. Also while applying the jacket, see that you carefully mould the jacket in above the crest of the ilii, so as to secure a shoulder for your jacket, but do not mould it in so severely as to cause pressure or excoriations.

Case 2. This little fellow, four years of age, whom I here present to you, illustrates an extremely interesting feature in the application of the plastic jacket in its worst possible manner. You are probably wondering, as the child now stands leaning over the chair for support, what man, calling himself a physician, could be barbarous enough to put such a thing upon this poor child; and independently of that, to expect satisfactory results from such treatment. Such an application can result in nothing but disaster to the child, as shown in the suffering depicted upon his face; and yet this man who applied this so-called plaster jacket, I am told by the father of the child now before you, stated that he had studied under me in my office.

I will now remove this casing, such as it is, and ask you if any one of you, after seeing me apply the jacket as in our previous case, could possibly imagine that such a man had ever *seen* a plaster jacket in his life. You notice that I cut easily through a few soft, wrinkled bandages, having a little plaster in them, but affording no more support than the ordinary roller bandage. Cutting through this, we now come down to a layer of cotton next to the skin, and around which the plaster bandages have been passed. There is no knitted shirt, or shirt of any kind; nothing but this layer of cotton and these few bandages, which you see I can roll or twist up in any form.

Is it then any wonder that at times the *Sayre plaster of Paris jacket* should fall into disrepute: when a man, calling himself a physician and living in the city of New York, should dare to put on such a misrepresentation, and claim to have been three years in my office, and putting on plaster of Paris jackets under my guidance? I have looked the directory through for this man, but I cannot find his name. It is now some months, the father states, since this was placed upon the child.

You will notice that the boy cannot stand but for a moment, and even then must support himself by placing his hands upon his knees. He at present is in no condition to be suspended for the application of the jacket, being in a greatly exhausted condition. I shall therefore direct that he be kept in bed until our next clinic, with perfect rest and good nourishing diet; when he will in all probability be in such a condition that the jacket and jury mast can be properly applied.

You will notice that as I lay the child across my knees, as in the previous case, and extend the spinal column, instantly there is an expression of relief, and he breathes more easily, and also tells us that "it feels better."

NOTE.—Jacket and jury mast applied one week later; after the jacket had become set, the child walked around with comfort and ease, and said he was "all right now."

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Enormous Hypertrophy of the Heart (Weighing Forty-eight Ounces.)

PRESENTED BY CHARLES W. DULLES, M. D.

Thursday evening, December 13, 1883, Dr. J. H. Musser in the chair.

The patient from whom this specimen was obtained was a young man, eighteen years of age, who came under my care in February, 1882, in an attack of muscular rheumatism, principally affect-

ing the shoulders. I found at that time great oppression of breathing, a heart dilated and hypertrophied, with a harsh, strong, mitral systolic, and presystolic murmur. His urine contained bile, coloring matter, great excess of urates, great lack of chlorides and phosphates, and no albumen, or sugar. In the sediments only amorphous urates were found. The treatment employed included the administration of infusion of digitalis, with iron and strychnia. At one time, believing it might benefit the violence I attributed to the real hypertrophy, I gave him veratrum viride. But it did no good. I did, however, get apparently good and prompt relief from some of the symptoms by the use of iodide of potash, in twenty-grain doses, thrice daily. After using this for a week, I noted in my case-book: "Sleeps well; eats well; feels well; cough very slight; urine clear; pulse better; *cannot hear the old murmur!* (perhaps barely); both heart-sounds audible and pretty clear; action of heart fair." (It had been very tumultuous.) After six weeks of doing well, the patient had a new attack of uneasy stomach, dyspnœa, and more or less cyanosis. On the night of May 10 he had a frightful attack of dyspnœa. I gave him gr. $\frac{1}{4}$ of muriate of pilocarpine hypodermically (in the left arm), under the influence of which he sweated, but had no salivation.

The next day he had a large œdematous swelling of the left side of his neck, below the jaw, and reaching to the middle line in front. This increased up to the evening, and gradually subsided in three days.

About this time fluid began to accumulate in the abdomen and thorax, and there was, of course, œdema of the feet and legs. There was also heard now a most beautiful water-hammer pulse over the femoral arteries below Poupart's ligament. The pulse here was intermittent and had a reduplicated sound like this, . —, . —, . —, . —, etc.

Three weeks later another severe attack occurred, and again about three weeks after this. There were now in his urine considerable albumen and hyaline tube casts. When his attack came on, which was at night, I gave him gr. $\frac{1}{8}$ of the muriate of pilocarpine hypodermically, which produced free sweating, and brought out about f $\frac{3}{i}$ ij of saliva. His pulse came down from 140 to 100 in half an hour. But the dyspnœa abated only temporarily; the restlessness continued; the cyanosis increased; the respirations varied from 35 to 60 per minute; then his bowels moved involuntarily, his lungs seemed to fill up with œdema, and he died asphyxiated.

The autopsy was made the next day, with the assistance of Dr. Formad and Dr. J. H. Musser. The points of interest were as follows: General œdema of feet and legs; the face and neck and chest covered with purpura-like spots and patches. The abdomen contained about two quarts of clear serum; each pleural cavity nearly as much. The lungs were normal, but small, and occupied the upper part of the chest. They were quite œdematous. The liver was slightly fatty, the spleen was of normal size, but very hard and tough. The kidneys were large, congenitally lobulated, and in a state of cyanotic hypertrophy.

The heart was enormously hypertrophied, weighing, when all the adherent parts were removed, 48 ounces. The pericardium was so uniformly attached to it that it could not be removed, and there was absolutely no pericardial cavity. The right ventricle contained about six ounces of soft post-mortem clot. The left side contained about two ounces similar. After the heart had been opened and cold-washed, it weighed 40 ounces. All the valves and blood vessels were healthy. The tricuspid and aortic valves were quite competent. The mitral orifice was enormous, measuring 2½ inches across. Every part of the heart was hypertrophied, and all to about the same degree. The whole organ, which I here show, was about the size of that of a bullock.

The points of interest in this case, aside from the curiousness of the specimen, seem to me to be: the comparative immunity of the kidneys; the absence of signs of adherent pericardium; the benefit derived from the use of iodide of potash; the temporary disappearance of the very strong mitral systolic and presystolic murmur; and the parotid swelling following the hypodermic injection of pilocarpine in the arm of the same side.

Dr. J. H. Musser remembered distinctly the case both before and after death. He had marked out on the chest the dimensions of the heart, and made it out as enormous, extending especially to the right. Furthermore, he thought that there was a double mitral murmur. The only apparent cause for the hypertrophy was the adherent pericardium. He would like to know what Dr. Henry thought of the correctness of this explanation.

Dr. F. P. Henry said that the heart presented was remarkable not only for its enormous size, but also for the absence of the usual causes of cardiac hypertrophy, there being neither valvular disease nor obstruction in any part of the circulation. During his student days he had seen some very large hearts in the collection which Prof. Alonzo Clark was accustomed to show to his class, but would not trust his memory so far as to affirm that any one of them was as large as the one just shown.

Dr. MacConnell had seen a case in a member of the Modjeska troupe, where post mortem examination showed an enormously hypertrophied heart with adherent pericardium, and markedly granular kidneys. In this case the hypertrophy was clearly due to the kidney trouble.

Dr. Formad thought that Dr. Dulles's case was unique as to size. Dr. Robinson, of New York, had recently reported a case of hypertrophied heart weighing 56 ounces, but Dr. Dulles's specimen was weighed after removal of clots, etc. Dr. Musser asked whether other members of his patient's family had not hypertrophied hearts without valvular lesions. If such was the case, taking into consideration the age of the patient, it would be well to consider the probability of the hypertrophy being in part secondary to the pericardial adhesions, in part idiopathic in origin. Dr. Dulles said that there was a tendency to hypertrophy of the heart in one sister, and that the murmur at times was double.

Calcified Pericardium—Double Mitral Disease.

Ella S., white, æt. twenty-three, was admitted to the University Hospital, September, 1880, complaining of palpitation and dyspnœa, and suffer-

ing from an œdematous and eczematous condition of the lower extremities. She was a girl of regular habits, somewhat exposed to changes of weather and to wet, doing no very hard work. She had had the diseases peculiar to childhood, but never rheumatism nor chorea. Her father had had acute articular rheumatism, and died suddenly; beyond this, there was nothing peculiar in the family history. Three years before admission she first noticed slight palpitation and dyspnœa on exertion. For some time before that she had been subject to frequent attacks of epistaxis. One year afterward dropsy appeared in the ankles and spread upward. The palpitation and dyspnœa became more troublesome, her flesh and strength failed, and she was compelled to quit work and come into the hospital. When first seen she was pale, anæmic, weak, breathless on exertion. The heart's apex beat was in the seventh interspace, one inch outside of the nipple line; action strong and heaving. Best heard over the apex beat, but transmitted feebly up toward the base of the heart, and well out into the axilla, was a loud blowing systolic murmur. There was no pain in the heart, nor tenderness on pressure over it, nor had there ever been. Over the lungs were scattered moist râles; the respiratory murmur was harsher on the left than on the right. Cough was slight, with some mucous expectoration. The lower extremities were œdematous, and the abdominal cavity about half filled with fluid. The liver was slightly enlarged. The urine was normal in quantity, and contained neither albumen nor casts. Under treatment the urine became copious, the œdema gradually disappeared, and the heart action became stronger and more regular. In a few days friction-sounds appeared at the base of the right lung. Any slight exposure would bring on an attack of intense congestion of the lungs, with dyspnœa, that often threatened life; and with these attacks there was often congestion of the kidneys with suppression of the urine. Between the attacks, the heart retained its power well, though it slowly dilated. At intervals she complained of dull pain in the hepatic region. The rough respiration noted at first over the left lung became more and more marked, till finally, over a small area just below the spine of the scapula, it had developed into bronchial breathing. Friction-sounds came and went. There were always moist râles scattered through the lungs. The expectoration was mucous, or rarely muco-purulent. Three months after she came under observation there was developed at the second right intercostal space, and carried out into the arteries of the neck, a systolic murmur differing in pitch and tone from the mitral systolic. About this time, too, she complained of pain in the heart whenever its action was excited. Soon afterward albumen was found in the urine, but no casts. This was the only time it was ever detected. Fourteen months after she was first seen there was noticed, just inside the apex beat, and carried indistinctly toward the base, a harsh, short murmur, immediately preceding the systolic murmur and separated from it by an exceedingly short, but appreciable interval. This murmur was noted on several occasions afterward, but was much more frequently absent than present. Its appearance and disappearance seemed to be attendant on no definite conditions. Soon after it was first noticed she had several attacks of epistaxis, and afterward occasional slight hemorrhages from the lungs. She was discharged in March, 1882, and was readmitted last September. She had been gradually losing ground. Seven months before she took cold, the dropsy returned and persisted. When seen, the whole body was œdematous, and the abdomen enormously distended. The apex-beat was in the fifth interspace, in the mid-axillary line. The systolic murmurs were, perhaps, louder, but beyond this had not changed. Over an area between the left nipple and the sternum was heard a harsh, low-pitched presystolic murmur. It was much more apparent than the former presystolic murmur, but had the same characters. Its point of maximum intensity was just to the left of the sternum. It was constant. The respiratory murmur over the left lung was very much harsher than over the right. Below the spine of the scapula the breathing was sometimes blowing with mucous râles, sometimes cavernous with gurgling râles. The expectoration was mainly frothy mucus. She died three weeks after admission, in a fit of dyspnœa.

Autopsy seven hours after death. General dropsy, most marked in the lower extremities and genitals. On the lower part of the abdomen there is a marked varicose condition of the cutaneous lymphatics. Cavity of the pericardium is completely obliterated by adhesions. The two pericardial surfaces, and the fibrous tissue connecting them, had been changed into a calcareous plate three inches broad, completely encircling about its middle the heart, with the exception of a space one inch wide on the posterior surface of the left ventricle. This calcified condition extended for one inch on the anterior surface of the pulmonary artery. The heart, with the calcified pericardium, weighed twenty-eight ounces. The auricles were dilated, their walls thinned. The ventricles were dilated, their walls thickened and undergoing fatty degeneration. The leaflets of the mitral valve were thickened and rigid; the mitral orifice was very decidedly narrowed. In the inner surface of the left auricle were several calcareous patches. The aorta was very small, scarcely admitting the index finger, and showed patches of atheroma. The lungs were chronically congested and œdematous, the condition being most marked on the left; there was no breaking down of their substance. The abdomen contained five gallons of straw-colored serum. The peritoneum was thickened and roughened. The liver weighed three and one-half pounds, and was cirrhotic. Its capsule was much thickened and adherent to surrounding structure. The mucous membrane of the stomach was thickened. The kidneys showed cyanotic induration.

Section of Fibroma Mammæ.

Presented by Dr. MacConnell for Prof. Pancoast.

The patient was 22 years of age, and the growth was of seven months' duration. Fibromata of the breast are very frequently found, although some English authorities consider them to be of rare occurrence. They have been variously described, under different names, by writers. Birkett considers them a form of adenoma; Broca, adenoma with predominence of stroma, etc., etc. This

tumor was of an ovoid shape, firm and elastic, and on section presented a maroon-colored tissue, which under the microscope is seen to be composed of dense bundles of mature fibrous tissue, with but few nuclei. In some portions, bands of wavy connective tissue are seen. The epithelial elements of the acini are hyperplastic.

Section of Large Spindle-celled Sarcoma of Lower Jaw.

Exhibited by Dr. MacConnell for Prof. Pancoast.

The patient was a man, æt. 24 years. The growth had existed for about three years. The egg-shell crackle was readily elicited, the growth being of a central origin. On section it presented a whitish appearance, and was permeated by spicula of bone.

Liver of Chicken with Tubercular Growths.

Exhibited by Dr. MacConnell.

The microscope clearly proved the nature of the growths.

Dr. Formad had seen four or five similar cases in the chicken, and two in the turkey, in all of which he had detected tubercle bacilli.

Dr. Barton was much interested in two of the specimens presented by Dr. MacConnell. He was much surprised as to the nature of the tumor of the jaw, in that it was a spindle-celled and not a giant-celled sarcoma. Its site and duration would clinically have clearly indicated one of the myeloid variety. The sections of the mammary growth differed from those examined by him, in that in adeno-fibroma the glandular elements were more evenly distributed, whereas this section reminded him of his former studies of an elderly normal gland; such large tracts are found without any traces of gland tissue, whereas, in all adeno-fibromas examined by him the adenomatous and fibrous elements were relatively more evenly distributed, giving the idea of the neogenesis of both, and not the atrophy of one and the proliferation of the other.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, January 3, 1884, the President, R. A. Cleemann, M. D., in the chair.

Battey's Operation.

Dr. E. E. Montgomery corrected a statement made in the report of the case of ovariotomy narrated by him at the meeting of December 6, 1883, (see REPORTER, January 5, 1884, p. 14). *Silk ligatures*, not catgut, were used to tie the pedicles.

The convalescence of the patient had been very satisfactory. The temperature did not rise above 99° F. In performing this operation no antiseptic was used, all instruments, sponges, etc., were washed in boiling water, and boiled water was used in washing the wound and abdominal cavity. The mental condition of the patient was such that she was kept constantly under mechanical restraint, and on one occasion, when she had been left alone for a few minutes, she tore all the dressings off of the wound, and at the next visit it was found bare, but no bad result followed. The sutures were removed on the eighth day. Some pain in the lower part of the abdomen and slight fever commenced on the twenty-fifth day, but she has since again improved. Her mental condition is at the present better than it had been for a year before the operation, and she can now converse rationally.

Septicæmia after Abortion.

Dr. W. H. Parish reported the following case: A young woman, twenty years of age, came into the Philadelphia hospital in the finishing stages of an abortion which had been coming on for some days. The cause was unknown, but was probably instrumental. At the time I first saw her, three days after admission, her temperature was 103° to 104° F., and pulse 150. She had had a chill before admission, her abdomen was distended and tender, and the uterus was very sensitive. The right parotid gland was swelled and painful. It continued to enlarge, and fearing septicæmia, he gave fifty grains of quinine daily by rectum, as the stomach was too irritable to retain it; one ounce of whisky was given by the mouth every hour, day and night. A small quantity of morphia was given to relieve the abdominal tenderness. The pulse and temperature fell rapidly, but the gland continued to be swelled and painful; it was quite hard, but was discolored. There were no chills now, but fearing the presence of pus, he made an opening by Hilton's method, incising the skin and using a director to tear an opening through the gland tissue; this opening was enlarged by passing a pair of forceps, closed, along the groove of the director, and withdrawing them opened. This opening gave exit to two or three fluid-drachms of pus. The gland now improved in appearance, but another abscess opened behind the gland and discharged freely. The two abscesses did not communicate. The patient is now convalescent.

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PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on Nervous Prostration. (*See page* 97.)

Dr. Mills, in opening the discussion, by request of the Chair, said: "I understand that Dr. Bartholow denies that a disease exists, primarily nervous in origin, which can be called neurasthenia. He classes all cases so-called under two heads, congestive and anæmic, and holds that the symptoms presented are chiefly reflex effects of digestive or other visceral troubles. I have no doubt that many cases are to be thus explained, but we have others in which the cerebral condition is primary. In cases with the symptoms as detailed in the paper, we may perhaps clearly ascribe

them to the causes and conditions referred to by Dr. Bartholow, but other cases may be explained in a different manner.

"In individuals whose higher ganglionic centres are so constituted, from bad inheritance or poor training, or both, that they cannot bear much strain, when subjected to this strain, these centres exhaust. We have certain functions called organic functions, respiration, vaso-motor action, etc., with centres in medulla oblongata and spinal cord. These functions must be maintained as long as the individual exists. Their centres must be nourished and sustained in a uniform way. Presiding over automatic movements, they must be kept in the highest tone, must have good blood and plenty of it. It is a principle brought out in the paper that local diversion of blood to any one organ or part will take it from other organs or parts; and we may, in accordance with this, have the higher brain diverting blood from the lower, or lower brain from the higher. We have *nervous* symptoms, the result of this overstrain of nerve-centres, and the disturbance of the equilibrium of the circulation thereby brought about.

"I am inclined to differ from Dr. Bartholow, and agree with Dr. Beard, as to the propriety of the term 'American Disease.' The social and business exigencies in this country are different, are more taxing than in Europe. In England, for instance, men become mature and enter public life at later periods than here. In France the difference is not so great, but the more absolute division of society into grades and castes prevents too fierce a struggle for high position. Here every man has the chance to rise to the highest position, and men enter especially political life in youth. Americans are not trained for special lines of life-work. They often attempt work too high for their mental powers, and break down."

Dr. Tyson: "I have many times asked myself the question, 'What is nervous prostration?' The answer was always, 'It is not a nervous disease, certainly not an organic nervous disease, and probably not a functional one. It is rather a condition of muscular fatigue, and it may be nervous fatigue. Most of the cases are accompanied by digestive derangements, which are responsible for many of the symptoms, most of which are reflex.' At the same time, I admit that some of the symptoms are puzzling, and not easily explained. Among these is the pain in the back of the head, often referred to as the result of 'nerve tire,' and sometimes regarded as an important indication of cerebral disorder, which it is not. In women, uterine derangement is often responsible for the complex symptoms known as nervous prostration.

"The point, however, that attracted me in the paper read, was allusion to the condition of the urine in one of the cases. It was described as dark brown, of high specific gravity, containing a trace of sugar. I have seen such cases, and think it not unlikely that the apparent sugar reaction is really due to uric acid, which is often abundantly present in these urines of deranged digestion. If we get rid of the excess of uric acid, by allowing it to precipitate spontaneously, or precipitate it by the addition of an acid, the sugar reaction with the copper tests does not take place. Other characters of the urine, particularly its dark color and scantiness, are not usual to sugar-containing urine."

Dr. Eskridge: "The most important point in the subject is whether the condition called neurasthenia is primarily a nervous disorder, or a disturbance in other parts of the body. I would have been better pleased, if Dr. Mills had elaborated more thoroughly his statements as to the organic functions. He said these functions must be well nourished, and that failure in them is due to failure in the upper nervous system. I would have liked if he had gone further in his explanation. Is this failure due to disturbance in the brain and upper portion of spinal cord primarily, or to failure in other parts of the body? Those who have paid attention to this subject say that breakdown does not occur unconnected with either worry or vice. I have never seen a case from mental over-work alone. In five cases of neurasthenia, of which I have notes, one was from sexual excess; two from worry connected with family troubles; another from alcoholic excess, with sexual vices; and the fifth from sunstroke, followed by over-sexual indulgences. In the last case it seemed as if the brain was primarily at fault. It appears to me that nervous prostration, so-called, is a depressed condition of the whole system; the trouble manifesting itself as a general nervous condition secondarily, after organs other than the brain have been primarily affected. The therapeutics also favor this view, because the cases are benefited, not by agents addressed to the nervous system alone, but by hygienic and tonic measures."

Dr. Glasgow: "I have come to regard these cases as not nervous in origin, but as largely due to digestive troubles. They are cured by attention to the disordered functions. I have known a short residence in Atlantic City, without any medical treatment, to suffice for a cure."

Dr. Bartholow, in closing the discussion, said: "The great question is, Is neurasthenia functional, or does it arise from organic change in the nervous system? I maintain that it is largely reflex, and frequently from gastric disturbance. Neurasthenia in women is associated with an anæmic condition and ovarian and uterine disorders. They are pale and weak, and if they are subjected to any moral or mental trouble, give way, but if they are well nourished sustain any kind of shocks without suffering in health.

"In regard to the term 'American Disease,' and to the claim that the peculiar conditions of American life are causative of neurasthenia, it will suffice to say that in some of the European states a higher grade of education is maintained than in this country. In Prussia, for instance, every one is taught to read; education is more general than in Massachusetts. The struggle to maintain existence, and hence the demands on the brain, are severer than here; and although neurasthenia is said to be uncommon, there are diseases similar to that called nervous exhaustion in this country, arising from similar causes.

"Worry has been mentioned as a cause of nervous exhaustion: now, worry hurts a man just in proportion to his condition. If he is in good health, or phlegmatic in temperament, the worry may be well borne; but if he is out of health, worry will have a powerful effect on the nervous

system. I do not deny that various causes may produce brain disease, but I deny that the so-called neurasthenia is due to an organic lesion of the nervous system. I maintain that it is a part of a morbid complexus; a reflex condition, in large part, of maladies situated in the stomach, the liver, the uterus, or other organs."

EDITORIAL DEPARTMENT.

PERISCOPE.

Colds.

We take the following from the *Lancet*, November 14, 1883:

Colds are chills, and chills are prolonged depressions of nerve-force, without the reaction which should occur immediately after the collapse. Nineteen persons out of twenty misuse this word "reaction," and the misuse involves more than an error, or confusion, of terms. There are *three* stages of every strong impression made on a living organism. First, the attack—in this case the chill; second, the pause, like a dead-point, during which the organism is depressed—that is, lying under the stunning effect of the attack; and third, the reaction. The "reaction" cannot occur until after the dead-point, and the mistake commonly made is to speak of the stage of exhaustion or depression which follows any severe impression as the reaction, whereas it is precisely because no reaction occurs and the dead-point is prolonged that matters go amiss. The physiological, or perhaps we ought to say the pathological, process of a cold has been thus described: When the surface of the body or the air-passages are chilled by a draught, or by being drenched with rain and sitting in cold, damp clothes, lying in damp sheets, and the like, the mischievous impression is made, not on the skin itself or on the lining membrane of the air-passages, but upon the vast network of minute nerve-filaments which lies beneath these membranes, and connects the surfaces of the body—both external and internal—with the nerve-centres, which are the sources and foci of energy and power. These nerve-centres receive, through the multitudinous branches of telegraph-like afferent nerves converging to them, a shock or staggering impression which for the moment paralyzes them; and during this paralysis or stupefaction the vaso-motor, or vessel-contracting centre, whose peculiar function it is to regulate the calibre of the blood-vessels, gets the upper hand, and these blood-vessels are contracted so that they carry less blood than usual. The smaller branches of the arterial system, which form a net-work immediately underneath the skin and give it its bright pink color, are so reduced in "bore" or calibre—as any elastic or compressible tube may be reduced—that the red blood does not flow through them, and the surface looks pallid. This is the first effect of "chill." Presently comes the recovery from this state, or the "reaction" as it is called, when the first effects of the shock have passed away and the centres begin to revive. Now occurs the critical moment. If the shock has been great, and the recovery is slow or imperfect, as often happens in a depressed or what is called a "delicate" state of the organism, the vaso-motor centre, which, of course, shares the general depression, though it is not the first to feel it and show it, will give way before the reaction is established; and then the heart, bounding in its recovery, pumps its blood into unduly-yielding and unstrung vessels, and dilates them, and local congestions or accumulations of blood may take place, while the absence of proper resistance excites the heart to tumultuous action, and the disturbances of fever and inflammation occur. It is a question of the balance in power between two parts of the nervous system, the general and the particular—the latter being the centre that regulates the calibre of the blood-vessels—and this practically resolves itself into a question of time. If the reaction of the general nervous system be quick, there is a rush of blood to the surface vessels, and due resistance being found, the heart quickens its pump-like action, and the sweat-glands are thrown into activity, so that perspiration ensues. If, on the other hand, the vaso-motor centre has participated seriously in the shock of the chill, the muscular coats of the vessels are not properly contracted; they have lost their tone. Then the blood propelled to the surface simply dilates the vessels, so that there are the redness and heat of "fever" or pyrexia, and the skin remains dry; there is rapid action of the heart, partly because there is less than the normal resistance to overcome, and partly because the vagus fails to exert its inhibitory action, and both the muscular structure of the heart and the respiratory centre are left uncontrolled, but the current of the blood moves slowly through the vessels, and the heart-wave is perceptible in the arterioles, and is present in the capillary area.

Coincident with these mechanical actions and reactions, involving departure from the healthy condition of the circulation, occur disturbances of the chemical processes of health, and consequently alterations in the nutritive relation of the various tissues of the organism and the blood. What then is a cold? Clearly it is a disturbance of the balance between the several parts of the nervous system, brought about by the shock of a sudden or prolonged exposure to the depressing effect of "chill"; although the same physiological results may be produced in the organism by the operation of any agent which is capable of giving the nervous system a similar shock, and thus creating the same kind of disturbance. Nature's provisions against the consequence of a "chill" and for the prevention of a "cold" are *sneezing* and *shivering*. A violent fit of sneezing often saves a chilled

body the consequences of the nerve depression, or "shock," to which it has been subjected; and this shock may in its first impression be very limited in its area; for example, the small extent covered by a draught of cold air rushing through the crevice of a door or window. The nerve centres are aroused from their "collapse" by the commotion or explosive influence of the sneeze. If sneezing fails, nature will try a shiver, which acts mechanically in the same way. If this fails, the effects are likely to be very serious, and bad consequences may ensue. The popular notion reverses the order of events, and hence the saying, "If there is sneezing the cold will be slight, if there is shivering it will be grave;" whereas it is slight when sneezing suffices to recover the nervous system quickly from its depression, and grave when even strong shivering fails to do so. In case of chill, with threatened cold, sneezing may be produced by a pinch of snuff of any kind. This is how some of the vaunted "cures" of cold by snuff are brought about. Or brisk exercise may ward off the attack. The popular idea is that the circulation is restored by these remedies, but the true explanation is that the nervous system and centres are aroused. The first step towards an intelligent treatment of chill and cold is a scientific recognition of their nature.

Nervous Derangements of the Heart.

Before the Medical Society of London (*Lancet*, November 24, 1883), Dr. Milner Fothergill read a paper on some "Nervous Derangements of the Heart." He said that the organic diseases of the heart usually force themselves upon the notice of the patient by some indirect symptom—as shortness of breath on exertion—rather than directly. With the neurosal affections, on the contrary, the attention is drawn to the heart directly and immediately. This constitutes a broad main line of demarcation betwixt disease and disorder of the heart. The first form of disorder was intermittency, a halt in the rhythmic stroke of the heart. As such, it is a mere "neurosal halt," though it is not uncommonly found in elderly men who may at the same time be the subjects of degenerative changes. In these cases, when the halt is increased by an effort, it has a suggestive value; even then the halt is usually less felt by the patient than is the true neurosal halt without any disease. Sometimes the halt is found in the radial pulse, when the heart's stroke can be heard; this tells of an arterial blood-wave too feeble to reach the radial artery. Then palpitation not linked with effort, but coming on at other times when quiet is being observed, or even waking the patient up from sleep, is neurosal in character, though having varied causal relationships. Not rarely it is due to some disturbance in the reproductive organs, especially in women. Pain in the side often coexists with attacks of palpitation, and then the sufferer is sure her heart is "affected." Such "reflex palpipation" is commonly met with. Then there is the "tumultuous" or "badly behaved" heart, whose action is never calm, often a simple nuisance to its owner. There is, too, disturbed action of the heart from indigestion. Then the heart's beat may be slowed by the action of the "inhibitory" fibres of the vagus nerves, or hastened by some action of the "accelerator" fibres. In the latter case the heart may run off suddenly at the rate of 200 per minute for some hours, ceasing as rapidly as it began. The opposite condition is also present at intervals in some cases, though more persistent in others. Great disturbances of the heart's action, which is often markedly enfeebled, are found with latent gout, usually relieved by an attack of regular gout. Then there is the "irritable heart," where, though the condition is truly neurosal, there is distinct inability to maintain effort. This is the result of much hard work and mental strain combined, and is commonly seen in medical men. There are also the "smoker's" heart and "tea-drinker's" heart, well recognized disorders; truly "toxic" derangements of the heart. Angina pectoris (vaso-motoria) may occur with a heart still structurally sound, or in one where fatty decay is established. In the first, it is of comparatively little importance; in the latter it is fraught with danger to life. The treatment of neurosal complaints is as different as their nature.

Sir Joseph Fayrer thanked the author of the paper for the lucid exposition he had given of the various neurosal diseases of the heart. He could confirm much that had been said, and especially the fact that such states were often relieved by treatment which would have done harm to sufferers from organic cardiac mischief.

Dr. Sansom testified to the great prevalence of these maladies. He thought there was some other factor than mere dyspepsia in certain cases of cardiac intermittency. Cases illustrating his remarks were quoted, showing how even single errors of diet in things not usually considered indigestible might produce the disturbance, which was as readily relieved as originated. An instance of fright leading to apparently acute dilatation of the heart was narrated as affording ground for the belief that organic disease might be consequent on a primary neurosal affection.

Dr. Wynn Williams asked whether uric acid circulating in the blood could produce intermittent action of the heart.

Dr. Isambard Owen thought that those cases where the pulse failed at times to reach the wrist were of very grave significance. He had seen instances of very frequent pulse unassociated with other signs and lasting for months.

Dr. Braxton Hicks gave some facts observed in his own person. Rapidity of pulse and even intermission seemed to be distinctly related to overwork or some mistake in diet of the nature of an idiosyncrasy.

Dr. Fothergill replied in the affirmative to Dr. Williams, and agreed with the remarks of Dr. Owen. If Dr. Sansom had seen mural disease of the heart arise from neurosal affection, he (Dr. Fothergill) had witnessed the production of valvular changes; and so there seemed but little doubt that these slight affections might lead to more grave diseases. A larger number of observations in every direction was what was wanted.

Large Fibroid Enchondroma of Palate; Excision; Recovery.

Dr. William Stokes reports this case in the *Dublin Jour. Med. Sci.*, November, 1883:

A boy, aged eight, was admitted into hospital, under my care, on February 10, 1879. The child's parents informed me that he had never complained of anything in connection with his throat until about six weeks previously to his admission into hospital, when they observed a sudden change in the quality of the boy's voice. On opening his mouth they perceived a large prominence occupying the greater portion of his palate. The boy was well-nourished and healthy-looking, and had never suffered from anything except the usual infantile diseases. There was no history in his family of scrofula or of cancer. On examining the tumor, I found that it occupied mainly the left side of the palate, and that although it appeared to cross the mesial line, it did not really do so, but merely overlapped it. It was very vascular, and numerous vessels were observed ramifying over its surface. The boy suffered nothing from difficulty of deglutition, nor from any impediment to respiration through the nostril on that side. On passing a Eustachian catheter, no obstruction was found in the pharynx. There was no fluctuation, but the tumor was decidedly elastic, and some portions were considerably denser and harder than others. At certain points I felt distinct, apparently cartilaginous, nodules. There was apparently no adhesion of the mucous membrane to the tumor, as it moved freely over it. On the front of the tumor was a depression occupied by a superficial ulceration; from this there was no hemorrhage at any time.

A point of practical importance in the case was to determine the origin of the tumor—whether, namely, it grew from the base of the skull, from the roof of the nasal fossa, from the hard, or in the soft palate—the nature of the operative procedure having to be determined, to a great extent, with reference to the situation of the tumor, and therefore it was all-important to determine what its origin was. I determined, if possible, to remove the tumor without making any external wound. Accordingly, after opening the mouth as wide as possible by T. Smith's gag, I made a free incision over the anterior aspect of the tumor, and proceeded to dissect the mucous membrane off the tumor. This being done, and no adhesions being found, I was enabled to pass my finger round it, and eventually succeeded in enucleating and removing it. I found that it had no attachments to any of the neighboring osseous structures. The absence of any difficulty in passing an instrument down through the nasal fossa was chiefly the reason that made me come to the conclusion that the tumor had not its origin from the base of the cranium; but I did think that it was possibly attached to the palate or superior maxillary bones, in which case I should have had to split the hard palate, and arrive at the tumor in that way. I found, however, that it was essentially in the soft tissues of the palate itself, and, in fact, lodged in its substance.

On making a section of the tumor after its removal, I found its substance to be very firm, consistent, and elastic, and rather more dense towards the centre than the circumference. For a short time after the operation there was very sharp hemorrhage, but this was checked by pressure and cold, no vessel having to be ligatured. The wound rapidly united. In examining the tumor I had the assistance of the late Dr. R. Harvey. The tumor was composed of fibrous tissue over a cartilaginous matrix. The greater portion of it might be described as a fibroid enchondroma. It had also, Dr. Harvey stated, "masses of round cells, evidently of recent growth, and of a more or less sarcomatous nature."

There has been no evidence of any recurrence of the tumor.

Epithelioma of Cervix Uteri—Recovery without Operation.

The *Medical Press*, September 12, 1883, says: Cases of the above have been recorded from time to time, and upon perusing the reports of such cases carefully, one can scarcely arrive at any other conclusion than that if actual recovery does not take place, such a degree of improvement does that we can scarcely blame the fortunate attendant for designating the result as recovery.

It has long been observed that under certain circumstances, such as high general pyrexia, as in the case under notice, erysipelatous inflammation around the affected part, other inflammations, such as that produced by the injection of irritants in the vicinity of the diseased portion (Duplouy), or like that produced by the actual cautery in the affected mass (Gallard), or around it (Nussbaum), a normal cell growth may, and occasionally does, take the place of the abnormal growth characteristic of cancer.

Such a case has been recently reported in the *Deutsche Med. Zeitung* by Dr. Stafflhorst, of Ottendorff, Hanover. There appears to be no reason to doubt the accuracy of the diagnosis. The case was under observation several months; it resisted every method of treatment, the patient going almost steadily from bad to worse; and it was not till an unexplained attack of pyrexia, preceded by violent rigors, occurred, that any improvement took place. It might be supposed that the pyrexia was due to an attack of pelvic cellulitis, or peritonitis, and that this in some way modified the cell development of the diseased portion; but the report appears to negative this supposition. No mention is made of pelvic inflammation, and it is scarcely likely that such a complication should have remained undiscovered, or that no mention should have been made of it had any been noticed. Whatever the cause may have been, the progress of the disease seems to have been arrested immediately after the occurrence of the pyrexia: the hæmorrhages and offensive discharges ceased, and in the course of a few weeks the ulcerated surfaces were covered by cicatricial tissue. Some shortening of the vagina had taken place, posteriorly the cervix had become attached to the vagina, and some tenderness remained in the hypogastrium, especially after long standing. The patient's appetite was good, and she had increased in weight and strength, so that up to the date of the report, four months after cicatrization, the improvement promised to be permanent. Upon the whole, we may conclude from the report of this case, taken in conjunction with expressions by other recent writers, that the prognosis in any particular case is not absolutely unfavorable, and it remains for us to follow up the faint glimmerings of hope that are here and there vouchsafed us.

Reviews and Book Notices.

BOOK NOTICES.

A Treatise on Pharmacy. By Edward Parrish. Fifth edition, enlarged and thoroughly revised by Thos. S. Wiegand, with 256 illustrations. Philadelphia, H. C. Lea's Son & Co., 1884. 1 vol., leather, 8vo., pp. 1088.

The art and business of the pharmacist have materially changed since the first edition of the above standard work was issued, and the enlargement of its size and extensive additions to its contents are a fair index in the rapid growth of the pharmacist's profession. We say "profession" because, when one surveys the extended, varied, and minute scientific knowledge essential to the full appreciation of this book, it is evident enough that the student of pharmacy has to pursue a course of study quite as recondite, quite as elevated, quite as remote from "business," as has the student of medicine, of law, or any of those vocations hitherto distinguished as "professions."

Thus, much the larger portion of this treatise, to wit., from page 170 to 640, is devoted to chemistry, inorganic and organic, in its relation to pharmacy, and can only be understood by one who has already mastered more than the elementary principles of that difficult science. Introductory to this portion is a chapter on pharmaceutical processes and apparatus, and following it are two parts, one on "Galenical Pharmacy," the other on "Extemporaneous Pharmacy." The last mentioned are what in an older generation would be considered about all that a druggist need know.

This new edition has been required, partly by the constant additions to pharmacy, and more especially by the late revision of the U. S. Pharmacopœia. The changes have been considerable, involving, among other things, the rearrangement of the entire chemical section in conformity with the present views of that science.

The paper, printing and binding of the book, and the character of the illustrations, leave nothing to be desired in those directions, and we can point to this volume as one eminently creditable to the author, the editor, and the pharmacy of America.

Conferences de Clinique Medicale faites a l'Hotel Dieu. Par M. le Dr. F. Raymond, Paris. A de la Haye, 1883. 8vo., pp. 248.

Dr. Raymond presents his readers with a varied assortment of cases from his most recent hospital service. There are in all fourteen conferences, each treating of a different class of cases. Beginning with sarcoma of the uterus and of the dura mater, he takes up in turn abscesses of the ear, meningitis, acute myelitis, chronic pneumonia, articular rheumatism, especially in its pulmonary and cardiac complications, muscular atrophies, cerebral syphilis, cirrhosis and icterus, aneurism of the aorta, latent cancer of the stomach, neuroses, and nephritis.

His method is the strictly clinical one. Every conference takes for its text the actual patient. His present condition is studied, his past history is searched for, and on these factors are constructed the diagnosis, prognosis, and treatment. The general relations of the case are then explained, and the value of various therapeutical measures discussed.

We regard the volume as a good specimen of French clinical lectures.

La Longevite et les Moyens de l'Acquerir. Par Joseph G. Richardson, Professor d'Hygiéne á l'Université de Pennsylvanie. Traduit par P. Barrué, Paris. Asselin et Cie, 1884.

The growing respect for American medicine abroad is illustrated in many ways, and in France notably by the publication of a "Collection Américaine" of a series of volumes translated from works of our own medical authors. That whose title is given above is by Dr. Richardson, of Philadelphia, and is a translation of his essay on "Longevity," which has already achieved considerable popularity in our own country. All the questions relating to this always interesting topic are discussed in a lucid and attractive style, and the public interest in sanitary topics is thus secured by holding out to them the coveted reward which they can probably gain by obedience to the precepts of health.

We have examined the translation in a number of passages with care, and have found it very well done. M. Barrué has a simple and effective style, and his knowledge of English is evidently thorough.

Such a recognition of the merits of a volume is not merely creditable to the author; the credit is reflected on the medical profession of our country generally, and such appreciation of our best medical literature abroad will be felt by all in a greater or less degree.

—To attain length of days maintain a mental equanimity which neither success nor reverses can disturb. Love nothing too passionately; hate nothing too violently; fear nothing too strongly.

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LITHÆMIA.

Whatever may be the cause of the condition commonly designated "Lithæmia"—whether it be allied to gout and is really, as some maintain, a "suppressed gout"—matters but little to the practical physician, since we have the means at our command of relieving it. The etiology is of course interesting, and we trust that the labors of our clinicians and scientific workers will be crowned by an elucidation of this debatable question; but what the busy doctor more particularly requires are the points of diagnosis and treatment.

It is particularly essential that we should be prepared to recognize this affection, since it so often simulates serious organic disease; and yet, if understood and properly treated, very simple measures will produce exceedingly happy results.

Oftentimes a patient will come complaining of vague, ill-defined bad feelings, which make him apprehensive of kidney or heart disease, or of impending serious trouble. A careful examination fails to reveal any organic disease; for, says Dr. George H. Lyman, in the *Boston Med. and Surg. Jour.*, December 13, 1883:

"The disorder in question has no fixed set of symptoms. The subjective expression of the pathological condition may manifest itself in protean forms. Either the gastric, rheumatic, renal, hepatic, cerebral, or cardiac, or several of them combined, may seem to predominate in any particular case, yet each is dependent in great measure upon certain lithuric conditions, which being neglected, render any treatment unsatisfactory if not wholly useless. It is not necessary that nausea, constipation, or diarrhœa, headache, insomnia, or palpitations, myalgic pains, or urinary deposits, should all be present in any given case; the subject of it indeed is quite likely to express himself as being otherwise in good health and strength, vigorous in mind and body, and yet so tormented at times, and apparently without cause, with one or more of the functional nervous phenomena described, as to induce in him the fear of some fatal organic defect of heart or brain..

"Of the varied symptoms, none are more distressing than the two which are the more immediate subjects of this paper: a constant tinnitus aurium from which there is no escape during the waking hours, and indeed which often interferes with the sleep—buzzing, ringing, clicking, or

constant pulsation, for which no visible nor tangible cause can be discovered either in gastric disorder or the external and internal auditory apparatus—is not only a constant source of annoyance but of serious apprehension to its unfortunate possessor; or still more if either with or without this tinnitus the victim finds himself the subject of sudden attacks of vertigo, so severe and decided as to cause a staggering gait, possibly complete prostration, as an attack of epilepsy, the case assumes a gravity which startles and terrifies its subject into fear of impending death.

"Another will have renal complications dependent wholly upon some hepatic derangement of function, which sends him from one physician to another in the hope of relief to his fear of Bright's disease, diabetes, or cystic calculus, while still another may be complicated solely with tormenting muscular or arthritic pains. And so on, one might recall instances of one or more of these, with the addition of purely nervous complications, simulating to the fears of the patient almost every conceivable organic disease."

Dr. Lyman seems well satisfied that this condition is due to faulty assimilation, this in turn being produced by dietetic errors.

He relates a most interesting case of a physician, who, after indulging in certain articles of diet, would be invariably attacked with tinnitus and great mental confusion. By avoiding that which he learned by experience to be hurtful, he could remain absolutely free from these attacks. Herein lies the principle of treatment. No definite, dogmatic dietetic laws can be laid down, each case must be a law unto itself, but certain rules can be enunciated.

That the liver may rest from its overcharged labor, saccharine, nitrogenous and alcoholic ingesta must be diminished, both sedentary habits on the one hand, and excessive fatigue on the other, and over cerebral exertion from study or worry, avoided, they all tending to weaken the circulation, and so favor acid accumulation.

With regard to the use of tonics, mineral or vegetable, they are often worse than useless, especially in the early stage of average cases, in which, with a careful diet, mild saline laxatives perseveringly used are the best tonics. In anæmic or broken-down cases their use may be, of course, a necessity.

In most cases alkaline salts are indispensable, and citrate of lithia is as useful as any, and perhaps the most agreeableto the stomach, although occasionally it over-stimulates the kidney and must be suspended for a time, or replaced by soda or potash, taken an hour after meals, these being in all cases preferable when much flatulence is complained of. Salicylate of lithia might be tried.

Where the pain is myalgic, muriate of ammonia in full doses will often give prompt relief, though if this result does not follow within a day or two, its continuance is useless.

Dr. Lyman lays great stress on the use of aperient bitter watters, such as Hunyadi or Pullna.

The patient should always be made to understand that the relief which he may receive is to be permanent only so long as the conditions of the cure are complied with, and that any indulgence or excess will almost inevitably be followed by its penalty; and moreover, remembering that too frequent recurrences of merely functional disorder are likely to result eventually in actual organic changes no longer amenable to curative treatment.

During the discussion which followed the reading of this paper, Dr. Webber said that two symptoms had not been mentioned which are not so frequent, perhaps, as the others, but are yet of interest—irritability of temper, or a change of disposition; this may be only an accidental coincidence, depending in part upon the annoyance and discomfort caused by the other symptoms; perhaps, however, it may be due to the deficient nutrition of the brain. These patients are often much more disturbed at certain times in the day than at others, are excitable, and sometimes violent. Another symptom is temporary deafness, which may last only a few hours.

The diagnosis between lithæmia and other nervous affections is by no means always easy. Two conditions or diseases may be thought to be present, namely, tumor of the brain and epilepsy, when there is only lithæmia. A patient with headache, tinnitus, vertigo, change of disposition and languor, may be suspected of having a tumor; even a careful examination may not satisfactorily clear up the doubt, and it would be necessary to

wait for time to show the truth by the development of other symptoms, or by the recovery of the patient.

Therefore, when a doubtful and seemingly inexplicable case of departure from health, simulating organic disease, presents itself, it will be well to bear in mind this instructive article of Dr. Lyman's, and to remember that the therapeutic powers of diet have yet to be developed, that we know very little about them. One of the most interesting fields for the general practitioner to labor in, and one that is so rich in possibilities, because it is so little worked and so sure to make great returns, is the field of diet. What influence has it in causing disease, and what power has its regulation in restoring the functions to a healthy standard? That it has much more influence on the health of mankind even than is to-day accredited to it, we have no doubt; and with the growing tendency to rank preventive ahead of curative science, no subject can be more worthy of careful consideration, than the preventive and curative influence of diet.

WHAT IS LEGAL PROOF OF PROFESSIONAL SERVICES?

An important opinion touching the business interests of physicians was recently delivered in this city in the Orphans' Court, by Judge Ashman. The question arose on exceptions to an adjudication in the estate of Clarence J. Gorman. The physician to the decedent had rendered to the estate a bill for professional services, which had been contested on the ground that it was excessive—that there was no evidence that the visits had been rendered, and that the fees claimed were excessive. The question was referred to an auditor, who took testimony. The physician relied chiefly on a pocket visiting list (not that one published through the office of this journal), but the auditor threw out that record as an insufficient one, and not up to the legal requirements of the case. Exceptions were taken to his ruling, and argument was held before Judge Ashman. On account of its great importance, we quote the judge's opinion in full:

"The rule of evidence which introduces a tradesman's books of original entries to prove his sales is permitted to override the principle that a party may not manufacture evidence for himself, on the ground of convenience. It cannot be said to have been dictated by necessity, because in England, where these books serve only as memoranda from which the party producing them may refresh his memory, it has been found, according to Mr. Best (Best's Evidence, 853), that all the advantage, without any of the danger, incident to this character of proof, is obtainable. For the reasons which justify its use in the case of a merchant, it has been so far extended as to embrace, perhaps, the books of any person whose business is not in money, and is of such a nature that its transactions can be itemized with the precision with which a sale may be recorded. It is perfectly consistent with this broad statement that a doubt should have been expressed in Hale's Executors v. Ard, 12 Wr. 24, whether the books of an attorney containing charges for advice are evidence. Such entries, as was there said, must be incapable of certainty in description, because the services themselves are indefinite in their nature, and can neither be gauged by the time they occupy nor compared with other similar services with which a jury is supposed to be acquainted. But this objection can scarcely be said to apply to the record kept by a physician. It may cover a daily entry of each visit, with the name of each patient, a list of the medicines furnished, and the price which custom has fixed for the particular service. Such a record will comprise all the incidents of certainty of time, person, labor, and value, and each entry will be complete in itself. No more than this is required in the books of an artisan, and the measure of necessity is at least as great in the one instance as the other. If the proposition has been correctly stated, it affords an easy test of the validity of the proof submitted by the claimant. His diary, or visiting list, as a physician, contained on each page a list of names of patients, with tally marks opposite, in columns which were headed separately with the days of the week, the name of the month appearing at the top of the page, and the date of the year on the cover. One column at the end of the space for each week was headed 'amount.' Preceding these lists as a sort of preface to the book, was a 'Table of Signs.' This table embodied a series of hieroglyphics and figures, which were intended to denote visits made and to be made, and visits repeated or to be repeated; consultations proposed or made; services at the office; visits at night;

medicines furnished, etc. It is quite clear that entries patterned after this fashion could serve, at best, only as memoranda from which to make more formal charges. As original entries, even if decipherable, they were incomplete, because their form admitted only of a weekly charge in money, and in point of fact no charge at all appeared to have been made. Allowing the utmost latitude to the plea of convenience and necessity, the law cannot tolerate as self-proving an entry of services which can be translated only by means of a glossary. Such a writing would be as unintelligible to an ordinary jury as a Hebrew Bible to a deputy sheriff. The auditing judge, therefore, properly threw it out of the case. The sum which he finally awarded to the claimant, we think, was all that was shown by the oral testimony to be due.

"The exceptions are dismissed and the adjudication is confirmed."

We are not aware that this point has been covered by any decision of the Supreme Court. But it is at least very doubtful if the higher tribunal would reverse the above opinion. It will be prudent, therefore, for physicians who intend to carry into court their claims for professional services, to prepare themselves to meet the position above taken by the auditor and the judge. They must keep such a system of records as shall meet the demands of the principles of commercial jurisprudence above laid down.

NEW MEDICAL COLLEGES.

A somewhat surprising bill was introduced a few days ago in the United States Senate by Senator Call. It contained the magnificent project of establishing a medical college in Washington with a permanent endowment of one million dollars! This sum, we suppose, was to come from the plethoric purse of the central government. If the government is going into this sort of business, a medical college is as good as anything else to establish: but Washington is no place for it. Nor has it been generally supposed that it is part of the functions of our government to start colleges for professional education. As the full bill has not reached us, we merely make this passing comment on this extraordinary fact.

New York papers state that the Regents of the University at Albany have refused a charter to the United States College of Medicine and Surgery of New York city. It apparently impressed itself on the Regents that a multiplication of colleges must lead to a deterioration of the course and facilities of medical study. It is true that competition is a positive advantage up to a certain point; but beyond that, it is sadly deteriorating. An instance of the latter was lately shown by a medical college in Louisville, Ky., which distributed a circular to the first course students of its neighbors, advocating its own merits, and offering its cheapness and the like, in a manner savoring of the lowest arts of a Bowery Cheap John establishment.

From a letter before us we have been favorably impressed with the prospects of the medical college lately established in Quincy, Illinois. That city is a thriving and beautifully-located railroad centre on the Mississippi. The inhabitants are about 35,000 in number, and its hospitals and clinical facilities are unusually ample for a place of that size. The general educational advantages there are exceptionally good, and its central and accessible location is much in its favor. The faculty of the college are chiefly resident physicians and surgeons, some of whose names are widely and favorably known in medical literature. We wish it every success.

NOTES AND COMMENTS.

Notice the Date.

Subscribers will oblige us by taking note of the date which they will find on the printed address on their REPORTER or its wrapper. This date shows the time up to which they have paid. It serves as an acknowledgment of the receipt of remittances. It also shows when the subscription is due; and we would earnestly ask those who find that this is the case, to remit us at once, as prompt payments relieve us from much correspondence, and the unpleasant necessity of personal reminders.

To Abort Mammary Abscesses.

Dr. James Braithwaite writes to the *Lancet*, December 15, 1883, as follows:

"In cases of threatened mammary abscess, I

have for many years, with very successful results, given three consecutive doses of ten grains of quinine at intervals of twelve hours, at the same time using the usual local application of belladonna. The administration of quinine in these cases, although its anti-suppurative power is well-known, is not practiced by any one with whom I have conversed, but I have myself found it so successful, that I think it deserves to be in general use, especially as the disease is so painful and so exhausting to the system. The best cases for the treatment are those occurring during lactation, and it is less suitable immediately after labor. It is unsuitable if the bowels are confined and the tongue furred. There are some patients who do not bear such large doses of quinine, in which case a first dose of ten grains may be followed by two of five grains each. I originally saw this treatment recommended in a French medical journal, and claim therefore no originality. I have frequently seen the pain and tenderness disappear within forty-eight hours, although a little hardness will remain for some days or longer, and the inflammatory symptoms may recur, and may be again at once checked by the same treatment. A recurrence, however, is rendered less likely if the belladonna is continued for a time, although pain has ceased. No doubt some will say that the success of the treatment is owing to the belladonna, and not to the quinine. I used the belladonna for years before I used the quinine in addition, and was struck with the greater rapidity and certainty of the result when the quinine also was used. At the same time I admit the difficulty, when two drugs are employed, of apportioning to each its real value."

Albuminuria and Phthisis.

Without going into details of the excellent papers which Dr. C. Theodore Williams has contributed to the *Brit. Med. Jour.*, December 22 and 29, 1883, it will be interesting to note that he considers the prognosis unfavorable when albuminuria appears, for he says:

"A careful study of our cases will disclose a very unfavorable outlook for the complication of albuminuria with phthisis. The patients died generally within a few months of the appearance of the first symptoms—one after a few weeks; and the longest case lasted but three months. Private patients, however, appear to live longer, and I know of some cases where life has been prolonged even for years. In the discussion on Dr. Sparks and Dr. Bruce's paper read before the Royal Medical and Chirurgical Society on January 14, 1879, on the Effect of Diet and Rest in Chronic Nephritis, Dr. Quain cited a case of phthisis of fifteen years' standing, with albuminuria of five years' duration; and one of extreme albuminuria and extensive chronic phthisis, with but little influence on the general health. In one of my patients who has had phthisis for fifteen years, and a considerable-sized cavity for ten years, albuminuria supervened six years ago, and he still survives, although in a very precarious condition. Another patient, of twelve years' duration, has had slight albuminuria for one year, and is still able to travel, though living the life of an invalid. These are the longest cases I can recall; and they must be regarded as the exception, and not the rule. Many others whom I have seen have sunk a few months after the albuminuria set in; so that this symptom must, in all cases of phthisis, be regarded as of very serious import."

Poisoning by Bryonia Dioica.

Dr. S. B. Mason thus writes in the *Brit. Med. Jour.*, December 1, 1883:

"About two weeks ago, I was hastily summoned two miles in the country to see a child, aged 4 years, supposed to be suffering from eating some red berries given by children while at play. From the description given by one of the children, I came to the conclusion that the child had eaten berries of the red bryony. On examination, I found the child apparently in great pain in the abdomen, very thirsty, hot, and excited. With some difficulty I administered one scruple of powdered ipecacuanha, with ten grains of sulphate of zinc, in warm water. In due course this produced copious vomiting, together with a free action on the bowels. I waited about twenty minutes, and as no further vomiting occurred, and the pain in the abdomen continued, I repeated the emetic. This excited the vomiting again. The first vomit contained portions of about a dozen berries, the second about half that number; and one or two ejections in the course of the night simply contained fluid colored with the juice of the berry. The child was put to bed with a warm poultice over the abdomen, and some senna-tea administered, which operated freely, bringing away several skins of the berries. On the following day the pain had ceased, but the temperature in the axilla was 103°. A saline mixture was given, and for the next three days the temperature kept up, but, after that time, gradually subsided, and the little fellow recovered his normal

state of health. On first seeing this case the pulse was very feeble, but, after the vomiting, it increased in power wonderfully."

Nutrient Enemata in Reflex Vomiting.

Reflex vomitlng from a uterine cause had reduced to a condition of extreme exhaustion a patient, about whom Dr. Quinlan writes in the *Lancet*, December 15, 1883.

The nutrient enemata employed in this case consisted of two ounces of very good beef-tea with one of milk. To these fluids mixed together and heated to 120° F., a teaspoonful of Benger's pancreatic fluid was added, and the whole was allowed to remain under a cosy for twenty minutes. A dessertspoonful of brandy was now poured into the enema, which was administered blood-warm. In using these nutrient enemata, whether of beef-tea, milk, or eggs, it is not always remembered that the large intestine has no peptonizing apparatus for rendering colloid substances dialyzable. As a consequence they do not pass through the mucous membrane, and a feeling of distension is experienced, often ending in the expulsion of the remedy. A peptonized enema causes no feeling of distension, or at least one that soon passes away; and any patient who has tried both ways will at once tell the difference. Sometimes in prolonged enematization the bowel becomes very irritable, and in this case the addition of a little opium (if the other symptoms do not contra-indicate it) is most valuable. It is hardly necessary to add that nutrient enemata should not as a rule exceed four ounces. It is better to repeat them often than to run the risk of expulsion attending the use of larger ones.

The patient's strength was thus maintained until the gastric irritability subsided.

A Convenient Way to Stretch the Sciatic Nerve.

In the course of his paper on "Nerve-stretching for the Relief or Cure of Pain" (*Lancet*, December 15, 1883), Dr. John Marshall says:

"Before concluding I must ask you to bear in mind that the cutting operation to which I have alluded hitherto, is not the only way of stretching nerves, for it has been found in case of the sciatic that if you bend the thigh upon the body, so that the knee comes up to the chin, and then straighten the leg upon the thigh and flex the foot upon the leg so as to stretch the ankle-joint also, you can produce an extraordinary strain and tension upon the sciatic nerve as it passes out of the pelvis. Trombetta, who is a great advocate for this method—Biliroth has the credit for introducing it, but I believe Trombetta was earlier—found that the sciatic nerve in the dead body could be stretched one inch by this proceeding; but the proceeding must be tolerably firm and resolute, and I would say, in order that it should succeed, it should be continued for five minutes. That is the sort of rule I would lay down in all these cases. Mr. Horsley has stretched the sciatic nerve on the dead body in this way, and has found that it does diminish the diameter of the nerve."

This method should be tried in obstinate cases of sciatica.

Experiments with the Sputa of Phthisical Patients.

A foreign contemporary tells us that M. Vignal has been trying some experiments with the view of ascertaining whether the sputa of phthisical patients as found in the streets still contained bacilli. He collected a certain quantity of such sputa and submitted it to desiccation; he then moistened it and let it dry again at different times, so as to place it as much as possible in the condition in which it would be found in ordinary circumstances in a room. He discovered that the sputa thus treated contained bacilli as numerous and as well formed as if they had just been expectorated. He inoculated two guinea-pigs with the matter; one of which died in a few days from obstruction in the bowels, and he could not in consequence come to any conclusion; but the second animal, though it increased in weight during the first few weeks subsequent to the injection, afterwards began to lose flesh, and died in about three months. At the autopsy it was found that in all the organs there were a great number of tubercles which contained bacilli. M. Vignal concludes that sputa of phthisical patients, as found on the ground, in the streets, or in apartments, are far from being inoffensive, and might become agents of contagion to persons predisposed, or in whom the bacilli would find a favorable soil for propagation.

The Medicinal Properties of Arlentin.

The *London Med. Rec.*, December 17, 1883, says: Arlentin, the alkaloid of uva ursi, is a potent diuretic, and, according to Dr. Mensche, becomes converted into hydrochinon and sugar by boiling with acids, or under the influences of fermentation. Dr. Mensche (*Centralbl. für Klin. Med.*, No. 27, and *Centralbl. für die Med. Wiss.*, September 29), gives the following as the results of his observations upon the action of this alkaloid: 1.

In many cases it has proved to be a valuable diuretic. 2. It may be given in large doses without detriment. 3. It becomes converted into hydrochinon in the human urine. Its action as a diuretic was noted in two cases; in one, a case of mitral insufficiency, enlarged liver, and albuminous urine, the quantity of urine was augmented by about four ounces in twenty-four hours. In another case (tubercular peritonitis) the quantity of urine was augmented by about six ounces daily. In another instance the amount of the excretion was doubled under the influence of arlentin. This medicine has, however, Dr. Mensche reports, a specially beneficial action in vesical catarrh; and he suggests its employment in the place of uva ursi. In gonorrhœa, the author considers that it may supersede the use of injections by its conversion in the urine into hydrochinon.

Cause and Mechanism of Flat-foot.

The *Med. Times and Gaz.*, December 29, 1883, tells us that Dr. Hermann von Meyer, Professor of Anatomy in Zürich, after a careful examination of the normal and of the flat-foot, anatomical as well as clinical, comes to the following conclusions, which, as will be seen, are somewhat at variance with the generally accepted views: Flat-foot does not depend on destruction of the arch of the foot, but on a valgous position of the foot, and chiefly of the os calcis, with regard to the astragalus, together with, as a complemental and secondary condition, version upwards and outwards of the fore part of the foot. The deformity is not due to relaxation of the plantar ligaments, but depends rather on exaggerated rotation inwards of the astragalus, and on subsequent changes in the conditions of the plantar bones, due to the atrophy resulting from mutual pressure. The present *brochure* ("Studien über den Mechanismus des Fusses," part 1, published at Jena) is the first of three in which the normal and pathological conditions of the foot are to be discussed. We shall look forward to the others with some interest; the second will deal with the normal mechanism of the foot, and the last will complete the subject by discussing the various forms of club-foot.

Iodoform in Obstetric Practice.

The germ theory of puerperal diseases has called into vogue the treatment by germicides, which really constituted the essence of the treatment recommended by Dr. Thomas, to which we recently referred. In this connection, we note that Ehrendorfer (*Arch. f. Gynakologie*) has had good results, in a limited number of cases, wherein, on account of instrumental delivery or other causes, infection was to be feared, from the use of iodoform. The method employed was the following: The uterus, after the expulsion of the placenta, was washed out with a solution of carbolic acid (one per cent.), and then a bougie containing five to ten grammes of iodoform was pushed into the uterine cavity beyond the inner orifice, and allowed to remain there. No vaginal injections were used afterwards, and only in seven cases was a second bougie introduced. This method was employed in twenty-seven cases; of these three died, and two were transferred to other parts of the hospital. There were but two cases of natural labor amongst the number; the rest were cases in which operative interference of some kind had been necessary, or cases of abortion with retained placenta.

Corrosive Sublimate in Phthisis.

Growing out of Koch's demonstration that corrosive sublimate is fatal to the activity of the tubercle bacillus, Dr. E. P. Brewer, of Norwich, Conn., writes to the *Med. Record*, January 5, 1883, that he has devised an apparatus for its use in phthisis, which he thus describes: He uses oxygen as a medium for carrying this drug into the lungs. The apparatus consists of a tank holding one hundred and twenty gallons of oxygen at a pressure of one hundred and twenty-five pounds per square inch; a wash-bottle and a drying-bottle, such as are ordinarily used for washing and drying gases. Finally, a metal receptacle holding eight ounces and heated by a lamp. In this receptacle is placed a solution of corrosive sublimate 1 to 800 or 1,000, and heated. The oxygen passes through the washing and drying-bottles, then through the hot and partially vaporized solution of corrosive sublimate. It then passes out through a rubber tube and is inhaled. Dr. Brewer is not yet prepared to report upon the practical results achieved by the use of his apparatus.

Poisoning by Jequirity.

From the *London Med. Record* we learn that Dr. Lagleize was called to see a youth, aged 19, who presented the following symptoms: The face was swollen, the eyes staring; there was great salivation, as after an injection of pilocarpine; the pulse was small and weak (180 to the minute), the skin dry, the extremities cold. While he was wondering what could have given rise to these symptoms, Dr. Lagleize noticed on the ground

some little seeds, which, on picking them up, he recognized as the seeds of jequirity. On interrogating the family as to whence they came, he learned that a friend, recently arrived from Brazil, had brought them as curiosities. As the symptoms were somewhat like those produced by pilocarpine, he administered an emetic of ipecacuanha, and afterwards sulphate of atropine in a mixture, and applied warmth to the extremities. The patient soon recovered, and the next day was pretty well.

SPECIAL REPORT.

NO. XV.—OPHTHALMOLOGY.

BY C. S. TURNBULL, M. D.,

Oculist to the German Hospital, Philadelphia.

From the Progress of Ophthalmology During the Second and Third Quarter of the Year 1882, by H. Magnus, of Breslau, and Others.—Archiv. Ophthal., vol. xii., No. 1.

[Translated by Dr. F. E. D'OENCH, New York.]

The Influence of the Slanting System of Penmanship upon the Eyes of Children. Bay. Ærztl. Intelligenzblatt, vol. xxix., No. 21, 1882. Schubert insists upon placing the book parallel to the table's edge, and would exclude the inclined system of penmanship entirely from the schools, as the difference in the distance of the two eyes from the point of fixation produces unequal accommodation, which may easily lead to the loss of binocular vision; and further on, to difference in refraction and visual power, and, finally, to squint.

Berlin denies these conclusions. The act of writing is controlled by the eye, in particular by the laws which govern the movements of the eye. As the downward stroke is always perpendicular to the base line, it must cross the latter, when writing with letters inclining to the right, from the left side and above to right side and below. The consequence is, that when the book lies straight the child must sit inclined to the right, may sit straight when the book is placed obliquely, and when this position is exaggerated, must sit inclined to the left. The inclined system of penmanship, when the book is placed obliquely, has this advantage over the vertical system, inasmuch as it requires much less muscular exertion, the vertical system calling all the muscles of the arm up to the shoulder into play.

Ophthalmoscopic Examination of the Eyes of 150 *New-born Children.* Nagel's Commun. from the Ophth. Clinic at Tübingen, vol. iii., p. 144. Schleich found the eyes of the new-born to be hyperopic, the same as Königstein, Horstmann, and Ely. According to the observations of Albrecht, the degree of refraction was the same in both eyes in forty per cent. of 1,638 cases examined. In 50.6 per cent. of 940 cases, the result of the examination of both eyes was the same with the ophthalmoscope as with glasses; in the remainder there was a difference. Out of 1,120 cases there were 417 with high degrees of myopia, *i. e.*, more than 6 D. 41 (10 per cent.) of these showed no traces of atrophy of the choroid, or sclerectasia. Cases were also observed in which an increase of the degree of myopia without convergence or accommodation could be demonstrated.

Studies Over Myopiers Œtiologi. Copenhagen, 1882. Tscherning draws his conclusions from the observation of 9,567 persons. He distinguishes three kinds of myopia:

1. Myopia from unknown causes, not due to close vision or diseases of the eye, perhaps to hereditary predisposition. This kind of myopia is either congenital or develops up to the age of twenty-five. The fundus is normal; there is either no conus, or only a very narrow one. Vision is generally good. As a rule, only the lowest degrees of myopia belong to this category.

2. Myopia due to too near vision is most common among the educated classes. It is less than 9D.=$4\frac{1}{2}''$; on an average it about equals 4D.=$9\frac{1}{4}''$. Sometimes there is a congenital predisposition. The anatomical changes are not yet sufficiently known. It is rarely complicated with choroiditis, but the conus is common.

3. Excessive degrees of myopia (more than 4) are governed by another law in their distribution. They are found in all classes of society, without regard to their occupation; they must be regarded as a genuine disease, and are comparatively rare, scarcely in more than one per cent. of the population.

This form of myopia is always due to an elongation of the globe, and is generally complicated with other diseases of the eye, especially of the choroid. It is probably a chronic form of choroiditis, with exudations into the vitreous.

Cases of Unusually High Degree of Accommodation Spasm, Myopia Simulated by Hypermetropic Eyes. Med. News, May 6, 1882. Harlan reports three cases of spasm of accommodation, in which myopia $\frac{1}{7}$ resp. $\frac{1}{8}$ was found before using atropine, but afterward hypermetropia $\frac{1}{18}$ resp. $\frac{1}{36}$ and $\frac{1}{42}$.

Sudden Paralysis of Accommodation Completely Re-

stored in a Week. No specific cause. Ophth. Rev., Vol. 1, May 1882, p. 183. Griffith reports recovery from paralysis of accommodation in course of a week, after the use of quinine and strychnine.

Five Lustra of Ophthalmological Practice. Page 274. Mooren mentions the rapid fatigue of the ciliary muscle after severe illness, in sensitive women and onanists. He saw sudden spasm of accommodation develop after injuries in the ciliary region, also in uterine diseases and long-continued close vision.

Une Nouvelle Operation du Ptosis. Ann. d'Occul., vol. lxxxviii., p. 29. Wecker describes a new method for ptosis, which consists in a combination of that of Pagenstecher and Gräfe. As in Gräfe's method, an oval piece is cut out of the skin and orbicularis muscle of the upper lid, after which two sutures are applied, similar to Pagenstecher's method, one in the inner, the other in the outer part of the lids. The needle is introduced over the inner part of the eyebrow, a finger's breadth above the orbital margin, passed downward under the skin and muscle, out again at the upper margin of the wound, under the edge of the excised orbicularis muscle, entered again under the edge of the orbicularis muscle of the lower margin of the wound, and passed along under the skin of the marginal part of the lid, and then back again, so that the points of entry and exit of the needle are above the eyebrow, about ½ mm. apart. The two ends of the thread are then tied over a little roll of leather. In the same manner a thread is passed through the outer part of the eyebrow and lid. When the threads are tied, the edges of the wound are brought in contact, and should heal by first intention. As soon as the threads have cut through the skin at the margin of the lid, they are removed.

D'Une Modification Apportée au Procédé dit de Transplantation du sol Ciliaire. Arch d'Ophth., vol. ii., No. 3, p. 208. Panas modifies the method of Anagostaskis in transplanting the lashes, by detaching the flap of the skin as far as the margin of the lid, leaving it only connected with the conjunctiva, then severing the orbicularis muscle and pushing it upward. He then unites the flap with the ligamentum-tarsi-suprius.

On the Treatment of Entropium and Trichiasis by a New Operation. Liverpool Medico-Chir. Jour., July (1882), p. 319. In operating for entropium and trichiasis, Williams makes Burow's incision of the tarsus from the conjunctival side, passes sutures to the outer side, as in the operation of Anagnostaskis and Snellen, and ties the thread on the external surface of the lid.

Del Autoplastic Pulpébrale par le Procédé de Gayet. Ann. d'Ocul., Vol. lxxxviii. p. 132. Dianoux operates for entropium as follows: He makes an incision parallel to the margin of the lid, four mm. from its edge, passes Guerin's double-edged knife into the margin of the lid behind the lashes, and thus divides it into an anterior and posterior plate. He forms a strip of skin containing the lashes, and another three mm. broad above the first incision, draws the upper strip under the lower, and fastens the former in the position of the latter.

Ectropion Cicatriciel de la Paupiére Interiére. Operation avec Greffe Dermo-épidermique. Gazette d'Ophth., No. 11, 1882. In cicatricial ectropium of the lower lid, Carré cuts the cicatricial tissue, makes the lid movable, and freshens the edges of the lid. Flaps without a pedicle, which do not extend through the whole thickness of the lid, and then transplanted into the defect.

Weinlechner. The Treatment of Angiomata. Wiener Med. Blätter, 1882, Nos. 38 and 39. Advises to spare the skin of the lid, especially the edge and cartilage, when extirpating an angioma. A plastic operation should not be attempted at once, unless the indications are imperative; but the natural course of healing should be allowed to proceed, and an operation done later if necessary. It is especially difficult to remove the angiomata at the inner canthus. Here Weinlechner tampons the wound with styptic cotton, but does not unite the edges, in order that any remnants may be destroyed with lapis or the galvano-cautery from the wound.

Tumeur Éréctile de la Paupiére Supérieure Droit Chez un Enfant de 8 Mois. Rev. de Ther., No. 12, 1882. Humbert removed a tumor of the right upper lid of the size of an almond, by injecting a dilute solution of the sesqui-chloride of iron, which only produces a coagulation of the blood similar to that under normal circumstances.

Remarks on Important Cases. Rep. of the Mich. Eye and Ear Infirmary.

Lundy Removed a Varicose Tumor from a Child by Means of Electrolysis. The tumor was situated at the root of the nose, and had involved both eyebrows and half of the left upper lid. A battery with 22 elements was used. The introduction of the needles was followed by considerable reaction. Twelve days later they were again applied; at the end of three weeks scarcely a trace of the tumor was left, and the needles were introduced at only one point. The result was perfect, and only a small scar remained.

Purinaud. Fistule Dentaire Simulent une Fistule

Lacrymale. Journ. des Connaiss. [Med., 1882, No. 36. In a child seven years old, an abscess developed in the region of the lachrymal sac, resulting in a fistula. At the same time there was also a dental fistula of the carious upper canine tooth. Parinaud assumes alveolar periostitis with formation of a fistula, and explains its peculiar position by the peculiar arrangement of the alveoli of the upper maxillary of children. Cured by extracting the tooth in question.

Contributions to the Knowledge of Strabismus. Arch. f. Ophth. Vol. xxviii. 2, p. 97. Schneller reports his investigations on the field of fixation in cases of divergent and convergent squint. It is characteristic of accommodative convergent strabismus that the squint disappears either at once, or after a few days or weeks, when corrected with the proper glass, and that the extent of the field of fixation remains within the normal. Amblyopia of both eyes favors the development of convergent strabismus, though the degree of hypermetropia may be but a low one, also all the factors which tend to diminish the value of binocular vision. Muscular convergent squint disappears under the influence of the proper glass, either at once or after the lapse of a few days or weeks ; the extent of the fixation field of the interni also exceeds that of the externi more than under normal conditions. In divergent squint the degree of strabismus is not entirely proportional to the preponderance of the external recti.

In strabismus with normal motility of the muscles, an operation is unnecessary—glasses will suffice ; in muscular strabismus an exact examination of the field of fixation must be made in order to find a suitable method of operation. Schneller thinks that the most important result gained by his investigations is the distinction which must be made between refractive, accommodative, and muscular strabismus.

On a Case of Voluntary Nystagmus. Ophth. Hosp. Rep., vol. x., p. 343. Benson reports the case of a young lady of twenty-four who voluntarily could produce nystagmus.

Contributo allo Studio della Paralisi dei Nerve dell' Occhia. Casuistica Clinica. Amd' Ottalm., vol. xi., fasc. 2 and 3.

Rava describes the case of a young man of twenty, with complete paralysis of the six muscles of the eye and the levator palpebræ ; the sphincter iridis alone was not affected. The power of accommodation could not be tested. The eye was slightly turned downward and inward, and could not be moved from this position. Although the disease had been preceded by a long-continued attack of intermittent fever, combined with severe headache, the author had to exclude a cerebral case on account of the intact movement of the iris, and designate the paralysis as simple rheumatic. Complete recovery after six weeks of electric treatment.

Affezione Dolorosa del' Nervo Sopraorbitale. Nevrotomia, Guarigione, Quadri Statisticie Frammenti d'Oftalmologia, Roma, 1882.

Angelucci performed *neurotomy of the supra-orbital nerve* with good result *in a case of intermittent neuralgia*, which had lasted two years. The accompanying megrim, as also the spasm of accommodation and of the orbicularis muscle, disappeared very soon after the operation.

A Case of Intermittent Neuralgia, with Retinal Irritation. Medizins-koje Obosœnije, July, 1882, p. 71, Flatow reports a case of intermittent quotidian neuralgia between the brows and in the lid, accompanied by extreme photophobia, cured by quinine.

L' Elongation des Nerfs et de ses Applications an Traitement de la Neuralgie du Trijumeau. Gaz. d' Ophth., No. 5, 1882.

Badal *stretched the supra- and infra-orbital nerves* in the cases of two women with neuralgia *of the fifth nerve*, paralysis of the oculo-motor, and atrophy of the optic nerve. The success was very moderate.

Contribution à l' étude de l' Élongation des Nerfs Craniens. Arch. d' Opth., vol. ii., No. 4.

Alexandroff *stretched the supra-orbital nerve* in a very nervous man of thirty-one, who suffered from severe *blepharospasm on both sides, tic douloureux, and hyperæsthesia of the skin of the face.* On the right side of the brow there were old scars. On the right side complete success was obtained ; on the left, marked improvement.

Clinical Contributions to the Knowledge of Orbital Tumors. Inaug. Diss., Zurich, 1882.

Huber publishes two cases of bony exostosis of syphiloma of the roof of the orbit, one of adenoma in the orbit, one of a round-celled sarcoma beginning in the right lachrymal gland, one of a spindle-cell sarcoma of the same origin, and one of a congenital dermoid cyst of the orbit. The majority of these cases were operated upon. They proved that tumors which generally are considered very dangerous may be removed with the best results, and that enucleation, besides, is necessary in only the worst cases. One eye, which had undergone considerable changes, recovered its normal condition and functions to an unexpected degree. The results of the operation seem to indicate that a number of anomalies of structure and function

of the globe are due to simple mechanical influences.

Osteoma of the Orbit The Lancet, No. 22.

Hulke, in a girl of four, removed an osteoma springing from the floor of the orbit.

On a Case of Ivory Exostosis of the Orbit. Ophth. Hosp. Rep., vol. x., p. 303.

Tweedy, in a man of twenty-five, found an ivory exostosis, which occupied the upper and inner part of the orbit, and had its origin in the region of the lachrymal sac. The autopsy showed that the tumor extended into the frontal sinus. The latter was so distended by it that the anterior lobe of the cerebrum had been displaced. The tumor also penetrated into the nasal cavity and into the sphenoid bone; here it had caused a basilar meningitis.

Enchondroma of Orbit. Brit. Med. Jour., April, 1882, p. 615.

Reid, in a young man of nineteen, removed a tumor of the outer wall of the orbit. It adhered to the periosteum and extended back as far as the optic foramen, and completely enclosed the lachrymal gland. Five months later the tumor had again formed, and was again removed. Microscopic examination showed it to be an enchondroma.

Cisti Orbitaria. Ussernazione Clinica. Gazz. d' Ospidali, Nos. 31 and 32. April, 1882.

Saltini. In a man of forty-seven observed a cyst in the right orbit. The globe projected 1 cm., was turned downward, and immovable. The fundus showed the usual symptoms of stasis. The cyst was cured by drainage. It contained crystals of cholesterine and hæmatoidine, and blood pigment and fat corpuscles. Saltini considered the cyst to be an acquired one, to be of serous kind, and to have perhaps sprung from the mucous sac lying between the tendon of the superior rectus and levator palpebræ.

Kystes Dermoides Periorbitaires. Observation d' un Kyste de la téte du sourcil. Gaz. d' Ophth., No. 8, 1882.

Carré. In a man of twenty extirpated a dermoid cyst the size of a pigeon's egg from the upper part of the orbit. The tumor, though scarcely visible, had been observed at the age of one and a half years.

Serous Cystic Tumor in Eyebrow. Trans. Oph. Soc. of the Unit. Kingd., vol. ii. p. 251, 1882.

Nettleship saw a large oval cyst at the orbital margin near the eyebrows. When punctured a thin yellowish liquid escaped, which soon formed again. By injecting tincture of iodine the tumor was reduced one-half.

(*To be continued.*)

CORRESPONDENCE.

Sewer Gas—The Germ Theory—Obstruction of the Bowels.

EDS. MED. AND SURG. REPORTER:—

There is a great deal written about the pernicious effects on one's health of sewer gas, impure air, defective ventilation, etc., etc., but what makes me skeptical about this matter is this; I know an old man—over 65 years of age—who enjoys most excellent health, very seldom having occasion to consult his physician, and yet this old man never cleans his teeth. The remnants of hearty meals, eaten perhaps months ago, are visible on his upper and lower incisors, and the odor of his breath is simply horrible; all the foul odors that one has ever had any experience of in the dissecting room and in performing post mortems are as attar of roses in comparison. This old man has been inhaling the foul exhalations from this decaying vegetable and animal matter, not excepting an intermixture of limberger cheese for years, and yet there is no visible impairment of his health. Is it any wonder that I am skeptical in regard to many of these fine-spun theories? Then again in regard to the theory that consumption is caused by a certain microscopical organism, the terrible bacillus. Well! I confess I have given some credence to the germ theory of disease, but this is too much. I cannot receive it just yet awhile. Perhaps when it is proven that tuberculosis is not hereditary, or that it is hereditary but that those ubiquitous bacilli have made their homes in the spermatozoon of the male or ovum of the female before impregnation takes place, and have in this way made their calling and election sure to this new mansion house, the body of the consumptive. I say, perhaps, when this germ-theory in regard to consumption has been reconciled with the theory of its being an hereditary disease, or the latter theory is abandoned as untenable, I may accept and believe in the new theory that consumption is a zymotic disease; but at present I am skeptical in regard to the existence of this bacillus as a cause of consumption.

Some time ago I had a case of obstruction of the bowels, accompanied with persistent hiccough. After trying a large number of remedies to control the hiccough, I think I finally succeeded by putting on a very tight bandage, covering the abdomen from the pubes to the mammæ. Of course, I gave morphine, to relieve pain, in large doses, but it alone appeared to have little effect on the singultus, while the bandage stopped it instantly. My idea was, that steady pressure upward on the diaphragm would stop its tendency to spasmodic contraction, and so I think it did. The case recovered.

H. NYE, M. D.

Enon Valley, Pa., January 11, 1884.

NEWS AND MISCELLANY.

An Outrage that Appeals to Human Nature Everywhere.

The *Lancet*, December 29, 1883, says: "The treatment of the Nihilists in the fortress of Peter Paul at St. Petersburg, calls for a protest in the name

of humanity. If a culprit deserve death and the law of the country sanction capital punishment, then let the extreme penalty be inflicted, but with the utmost decency and promptitude possible. Should the authorities, however, think fit to commute such sentences or to sanction lesser penalties, such pretended mercy should be something better than a mere pretext to shield from public opprobrium the gradual torturing to death of helpless prisoners. Certainly medical men should have no share in such inhuman practices. The letter written in blood received from one of the noisome cells situated below water-mark in the prison of Peter Paul, and summarized by the *Times* of last Friday, has also been communicated to me, and I would call attention to some details not yet published in England. The food, which should be the same as that given to common criminals—but the amount is not specified in the regulations that apply to the political prisoners—is never enough. No tea is allowed; a little plain hot water is served for the prisoners to drink both morning and evening. But, either through defects in the water pipes, or from other causes, this water is always dirty, and sometimes fetid. There is a large proportion of sand in the prison bread, the gruel is generally mouldy, and on Wednesdays and Fridays, instead of cabbage-soup for dinner, they have pea-soup flavored with the coarsest oil. On Sundays a few shreds of meat are occasionally discerned in the soup. The diet and foul atmosphere soon produce diarrhœa and dysentery, followed by anæmia and scurvy. The elder physician, who has passed his eightieth year, never ventures into a cell; while his junior is so careful not to lay himself open to the suspicion of sympathizing with the prisoners, that he visits them surrounded by gendarmes and goalers, and does not dare to feel their pulses. He has, however, had the courage to reply to their complaints: 'Against your ailments we have no remedies'—an answer which, now that it has been made public, will probably cost him his post, if not his liberty. A lady suckling her child, Madame Jakimova, is stated to be left in an underground cell, to fight night and day with the rats that seek to devour her infant. Till the government has sufficient humanity to allow the medical officers to alter the diet and general regimen of their patients, it is mere hypocrisy to call in their services. The medical profession should resent this insult to their science. Their mission is to help to heal the sick, and not to aid a government anxious to rid itself of obnoxious political adversaries."

Post-graduate Schools.

The post-graduate schools, both in Philadelphia and New York, have been well attended this winter. At the "Philadelphia Polyclinic and College for Graduates," there have been 72 paying pupils in attendance, and between March 1st and December 31st last, there were over 3800 new patients in attendance.

The New York Post-graduate Medical School has been so successful that it has secured much larger quarters, which it will occupy in February. The total number of its students has been 140, and its clinical material very abundant.

It is gratifying to learn that the profession at large are availing themselves of the advantages of these special courses.

The Northwestern Medical College.

We publish with pleasure the following special dispatch to the *St. Joseph Daily Herald:*

JEFFERSON CITY, Mo., January 8.—The State Board of Health of Missouri, in session here today, fully exonerates the Northwestern Medical College, of St. Joseph, from all charges against it, and recognizes it as standing on a level with the best schools of the State. There was a full meeting of the Board, assisted by Drs. Rouch and Taliafara, of the Illinois Board.

The Board were satisfied that the charges made against the college were unfounded, and the result of animosity.

International Congress of Hygiene.

The Secretary of State informs the *Med. Record* that "according to a note from the Minister of the Netherlands here, the International Congress of Hygiene will hold its next session at the Hague, on August 21st next, and that governments, states, corporations, etc., are invited to send delegates."

Ohio State Sanitary Association.

The first meeting of this association will be held at Columbus, Ohio, February 14 and 15. The address of welcome will be by Dr. J. F. Baldwin. Papers will be read by Drs. W. M. Beach, C. M. Finch, Prof. E. H. Hyatt, Dr. John McCurdy, James E. Reeves, and a number of others.

Measles in Baltimore.

For the last month quite a severe epidemic of measles has been prevalent in Baltimore, Md. At one time nearly 500 cases were reported. It began about December 1, and the mortality has been as high as about 20 per week.

Items.

—California's vineyards are rivaling her mines as a source of profit.

—There are about 2,400 female physicians in the United States.

—The British Ophthalmological Society has decided to found a museum and a library.

—The next session of the American Public Health Association will be held in St. Louis.

—Dr. A. F. Holt, of Cambridge, has been appointed Surgeon-General of Massachusetts.

—A new society, called the Gynecological and Obstetrical Society, has been organized in Paris.

—Dr. Gustave Rivet, *interne* of Charité, died recently of diphtheria contracted during his service in the hospital.

—A Government Quarantine Station for imported cattle has been permanently established at Garfield, N. J.

—Dr. Leonard Weber reports two fatal cases of diabetes insipidus in children in the *Amer. Jour. Obst.*, January, 1884.

—A bill to regulate the practice of medicine and surgery was recently introduced in the General Assembly of Virginia.

—Dr. W. W. Watkins has been appointed Lecturer on State Medicine and Hygiene, in the St. Louis College of Physicians and Surgeons.

—In the *Lancet*, December 29, 1883, Mr. O. C. Mawine reports a case in which colotomy was performed five weeks after ovariotomy, with recovery.

—Dr. W. A. Duncan showed the Obstetrical Society of London a large fibro-cellular tumor, involving the clitoris and both nymphæ, which he had removed.

—A so-called epidemic of chorea is said to have broken out in a girls' school at Moscow, and to have manifested itself simultaneously in eighteen different houses in which the school-girls reside.

—The statue of Liebig, at Munich, has been mutilated by the pouring over the entire left side of the figure of some dark colored liquid, which has corroded the marble. The perpetrators of the outrage have not been discovered.

—A man who abstains from liquor, as shown by insurance tables, at 20 years has a chance of living 44.2 years; at 30, 36.5 years; at 40, 28.8 years. An intemperate man's chance at 20 is 15.6 years; at 30, 13.8; at 40, 11.6.

—The New York Coroners' Statistics for the year 1883 are as follows: Sudden deaths from natural causes, 1,296; deaths without medical attendance (chiefly of infants), 1,231; deaths from accidental injuries, 414; suicides, 160.

—A physician of Syracuse has been found guilty of grave-robbing. The body stolen was that of a prominent resident of Camillus, a village near Syracuse, who died in March last, and it was discovered at the medical college in the latter place.

—The Michigan Legislature has passed, by a nearly unanimous vote, a bill requiring school teachers to pass an examination in physiology and hygiene, with particular reference to the effects of stimulants and narcotics on the human system.

—Dr. Meadows reports a fœtus successfully removed by abdominal section from a suppurating extra-uterine cyst. The pregnancy had occurred about fifteen months previously. The cyst was stitched to the abdominal wall, and its cavity washed out.

—A committee has been formed, representing the profession in various parts of the country, to obtain funds for the erection of a monument to the late Dr. Sims in New York. Dr. Fordyce Barker is the chairman, and Dr. George F. Shrady is secretary.

—In the *Boston Med. and Surg. Jour.*, Dec. 13, 1883, Dr. Bradford reports a case of calculus in a child ten years old, which had evidently existed since babyhood. There was no history of blood or pain. He occasionally pulled on his penis, and at times held his water for twenty-four hours.

—There are not less than 200 graduates of medicine, says the *Chicago Med. Jour.*, who cannot spell correctly the word "diploma." The following methods are on record in the office of the Illinois State Board of Health: diplomer, diaplemy, diaploma, diplomy, diplomah, dipluma, diapluma.

—*Virchow's Archiv* for December contains a summary, by Dr. Uhde, of Braunschweig, of the examinations of pork for trichinæ in the Duchy of Brunswick. The total number of carcases of swine examined was 120,766. Of these, eleven were found to contain trichinæ, and 109 were otherwise diseased.

—The English census reports show that the proportion of the blind to the population has not only decreased with each successive enumeration since 1851, in which year account of them was taken for the first time, but the decrease in the decade ending in 1881 was much greater than in either of the preceding intervals. The number of cases in 1881 was 22,832, which was one blind person in every 1,138.

—The Duparcque prize will be awarded by the *Société de Médecine*, of Paris, in 1885, for the best essay on the pathology of the ovary, and especially oöphoritis. Competing essays, which must be written or printed in French, should be sent to M. le Dr. Thorens, 34 Rue de Penthièvre, Paris, before the 1st of January, 1885, and they must not have been published more than two years before that time. As the prize was not awarded in 1883, it will amount to 1,200 francs, in addition to the gold medal.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.:—

Dear Sir.—Having profited so much by the suggestion of the contributors of your valuable journal, in the prescribing of salicylic acid, I venture to ask you if you can be of assistance to me directly.

What combination has proved to be most successful in the condition known as menorrhagia? By placing this among your "Queries and Replies," you will greatly oblige,

Helena, Montana Territory. W. B. W.

Jequirity in Granulated Lids.

EDS. MED. AND SURG. REP.

Please give particulars as to using jequirity in granulated lids, and oblige AN EARNEST INQUIRER.

Ans.—Jequirity, the seeds of the *abrus precatorius*, was first employed scientifically by De Wecker, the famous Parisian ophthalmologist, who received the hint from a patient whom he had unsuccessfully treated, and who on his return to his home in Brazil subjected himself to the popular treatment, as it is known among the natives of that country. De Wecker, acting on the instructions furnished him, prepared an infusion by bruising the seed to a fine powder, and then adding the proper quanity of water and allowing it to macerate for twenty-four hours. This infusion applied to the conjunctiva possesses the peculiar property of exciting a specific inflammation, which, in the majority of cases, is of a diphtheritic nature. After this jequiritic inflammation has subsided, it is found that the trachomatous bodies have disappeared.

Dr. H. R., of Ohio, asks about the use of iodoform in gonorrhœa. It is mentioned as a valuable remedy in Napheys' *Surgical Therapeutics*, p. 574, on the authority of an Italian physician. The only objection to its use is its odor, which after all, is not particularly bad. We have ourselves directed it in herpes preputialis, with satisfactory results.